

MATERIA MEDICA.

J. CARSON.

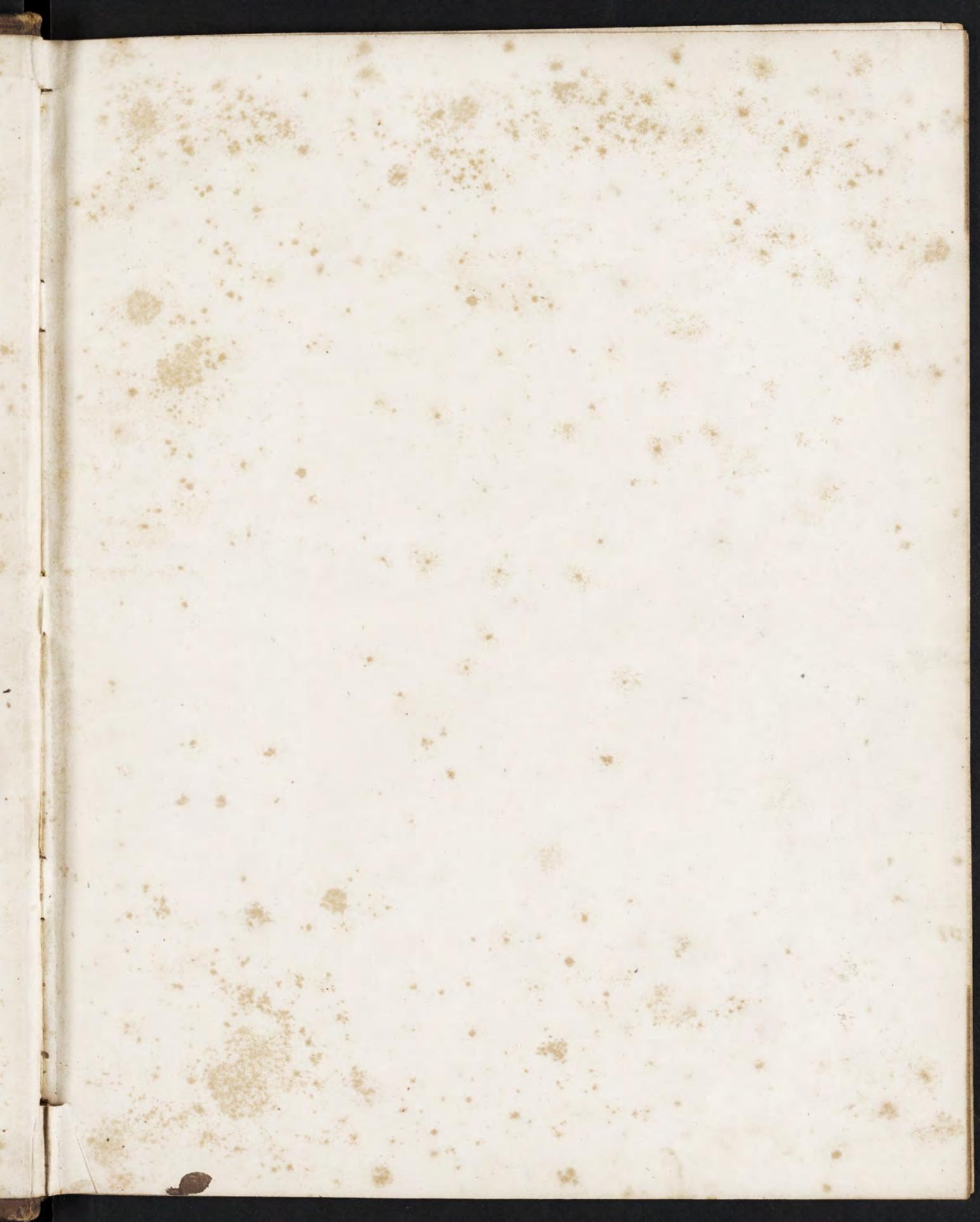
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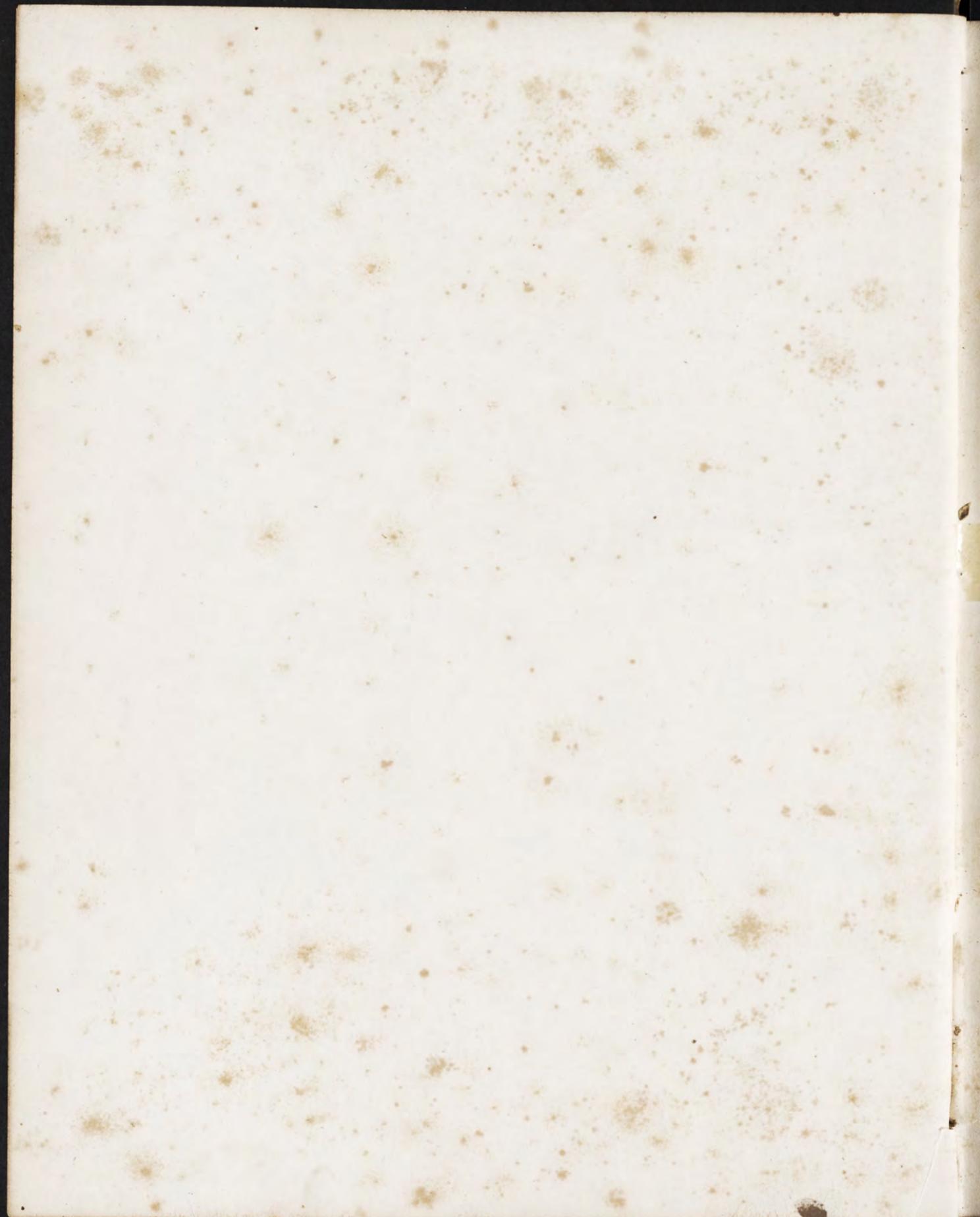
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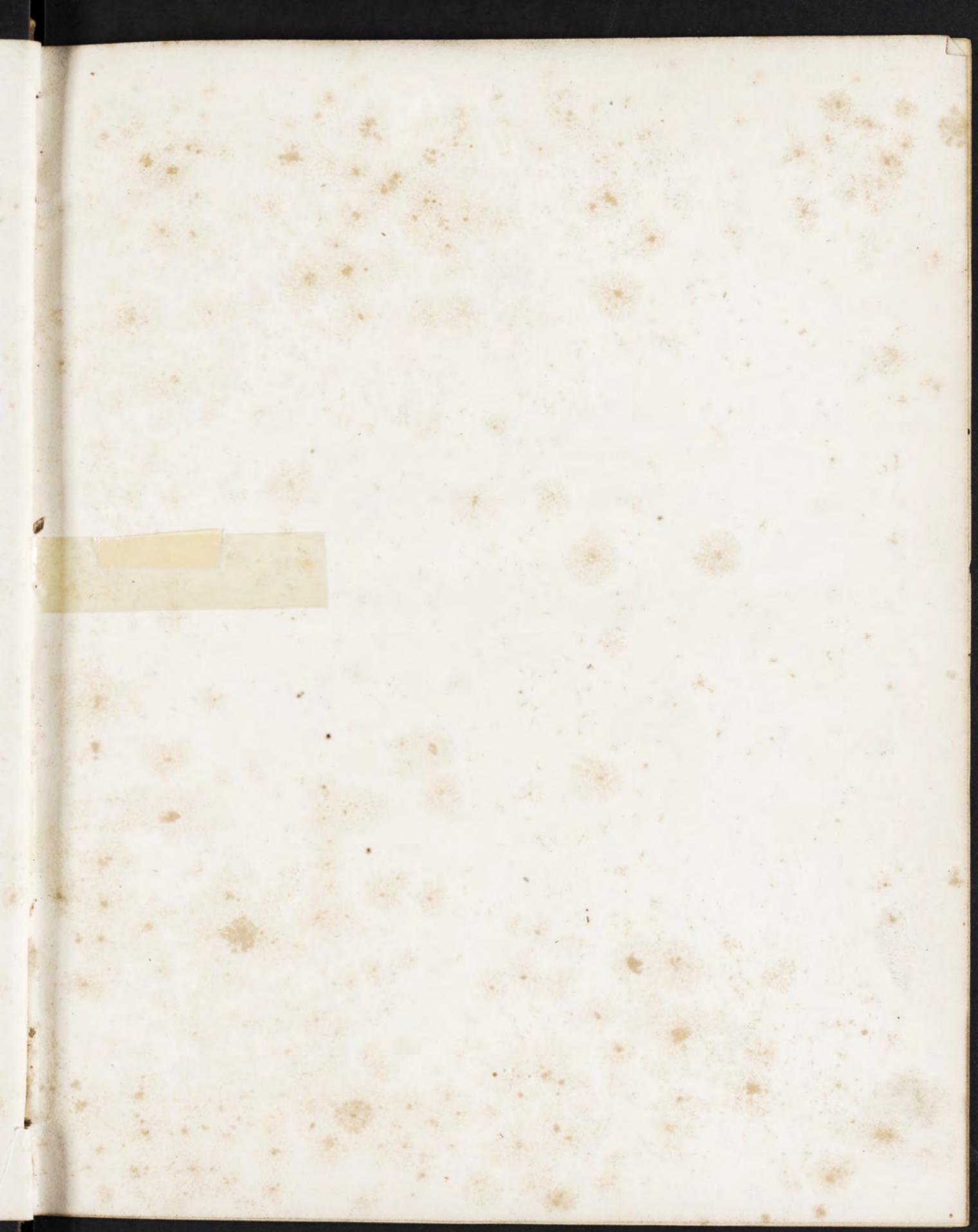


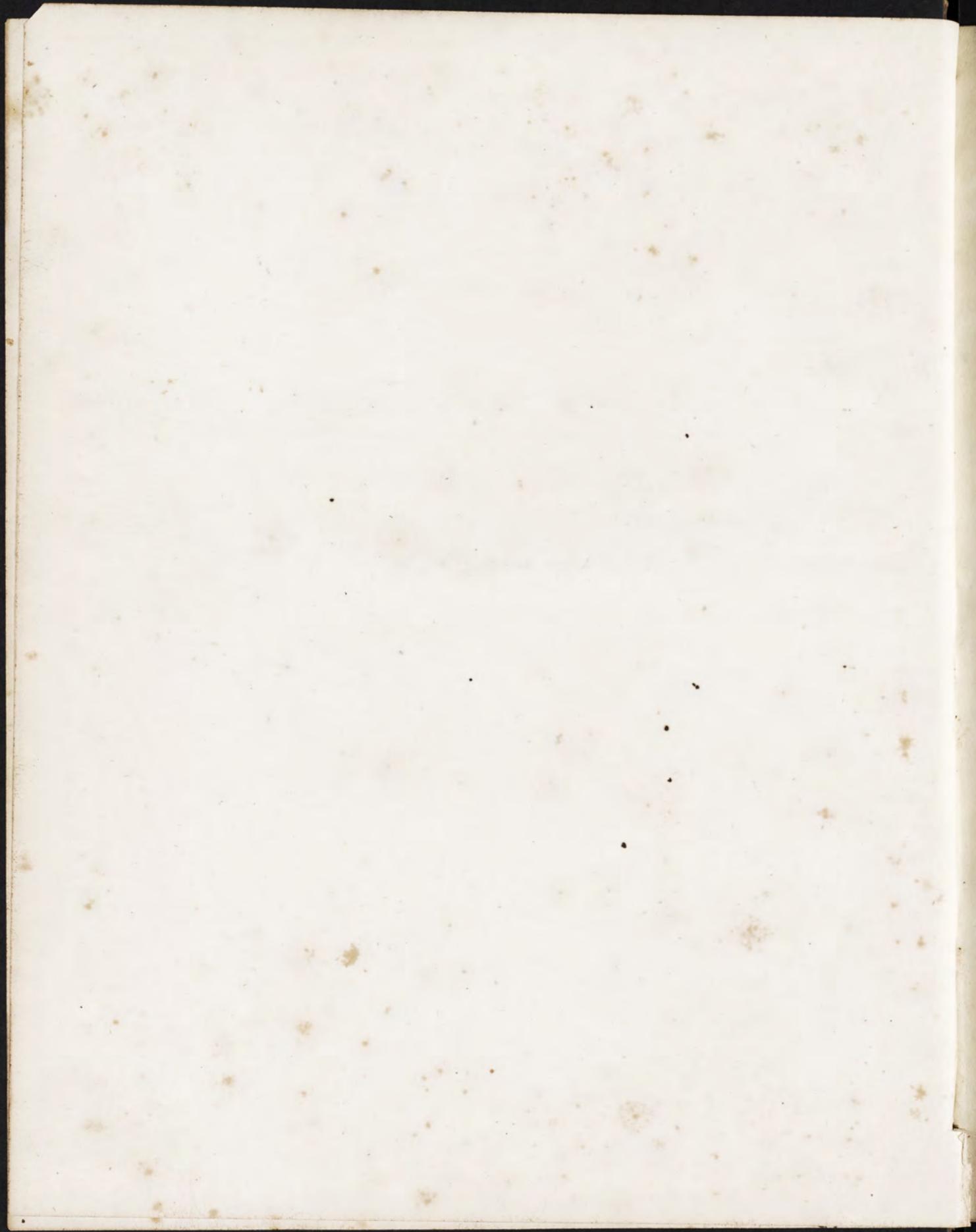
Class 10a No. 16

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M S S. Lectures on the Back
Matena Medical
J. Carson ^{Author}

2 vols



Lecture I

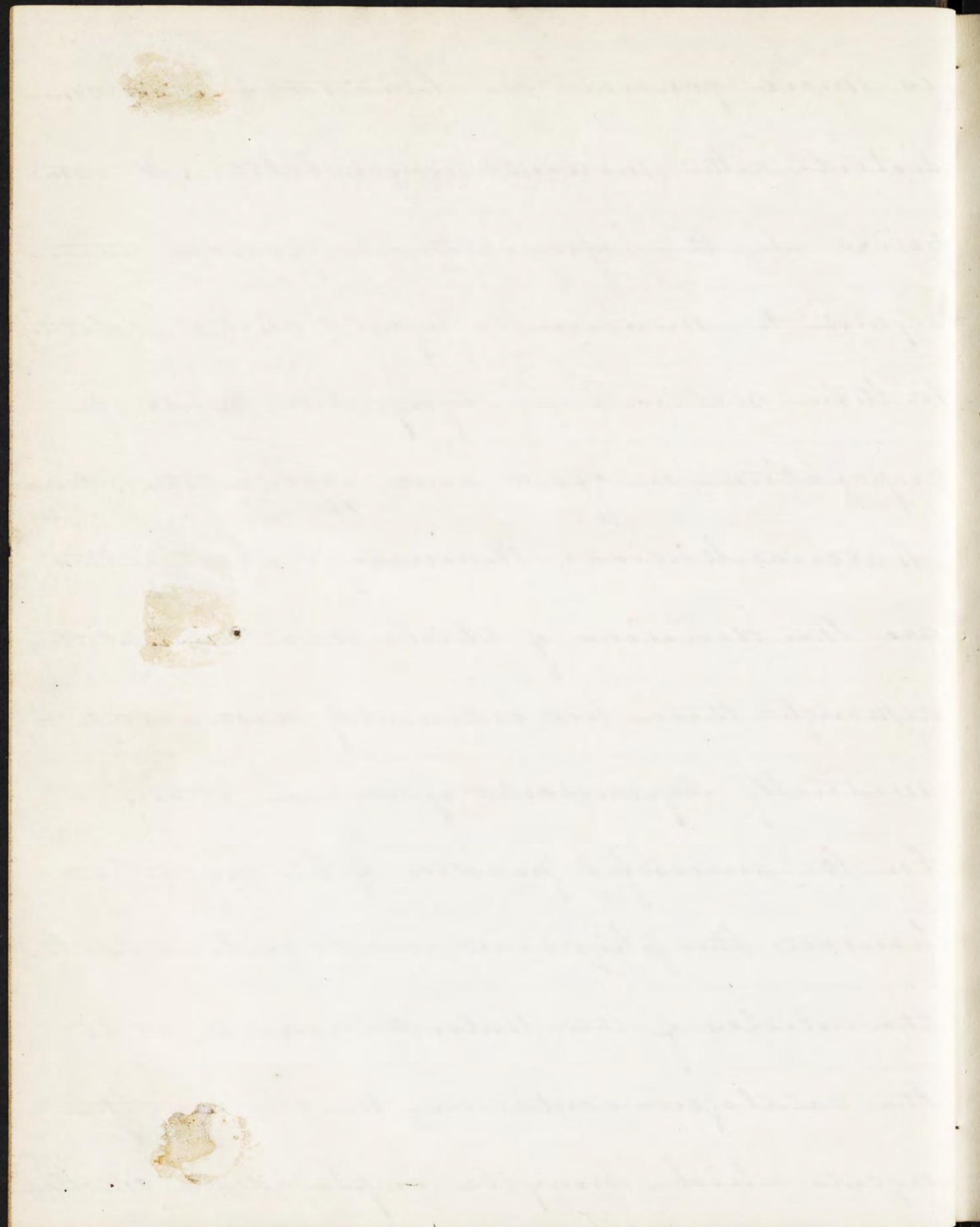
No department of Medical Science occupies a more extended field than that on which has been conferred the title of Materia Medica, for as its signification is now understood numerous subsidiary departments are embraced by and included within it. The use of the appellation in a comprehensive sense may however be reasonably objected to, on account of being indefinite, or conveying but a partial idea of the number of objects which legitimately appertain to it, and I am disposed to accord in the propriety of adopting the name Pharmacology, which



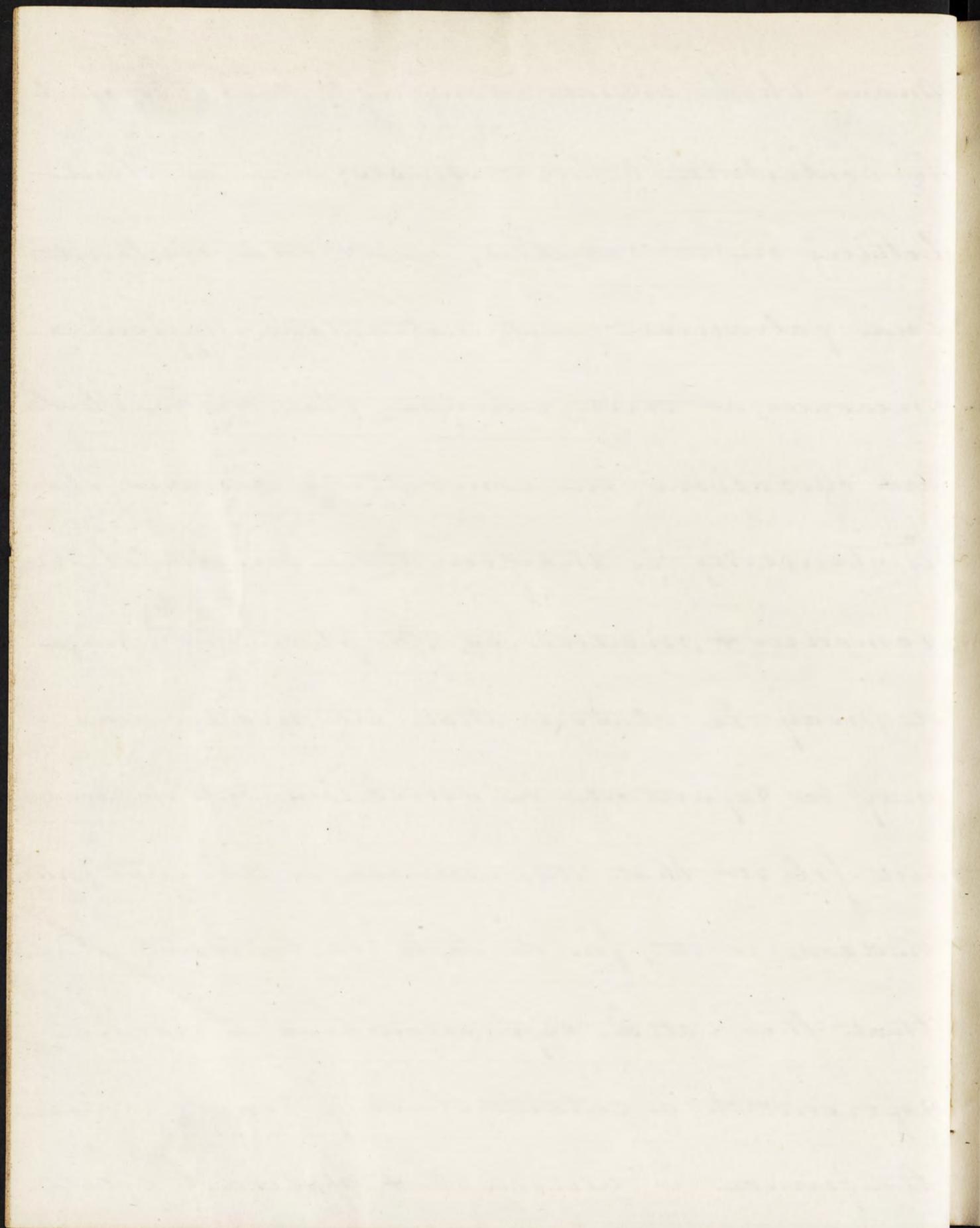
is more general in character & more consistent with modern nomenclature. It comprises all the information we possess with regard to medicinal agents, whether relating to their nature, origin & properties, modes of preparation, or effects and application. Hence

Materia Medica, Pharmacy & Therapeutics are the divisions of which it is susceptible although these are intimately associated & mutually dependent upon each other.

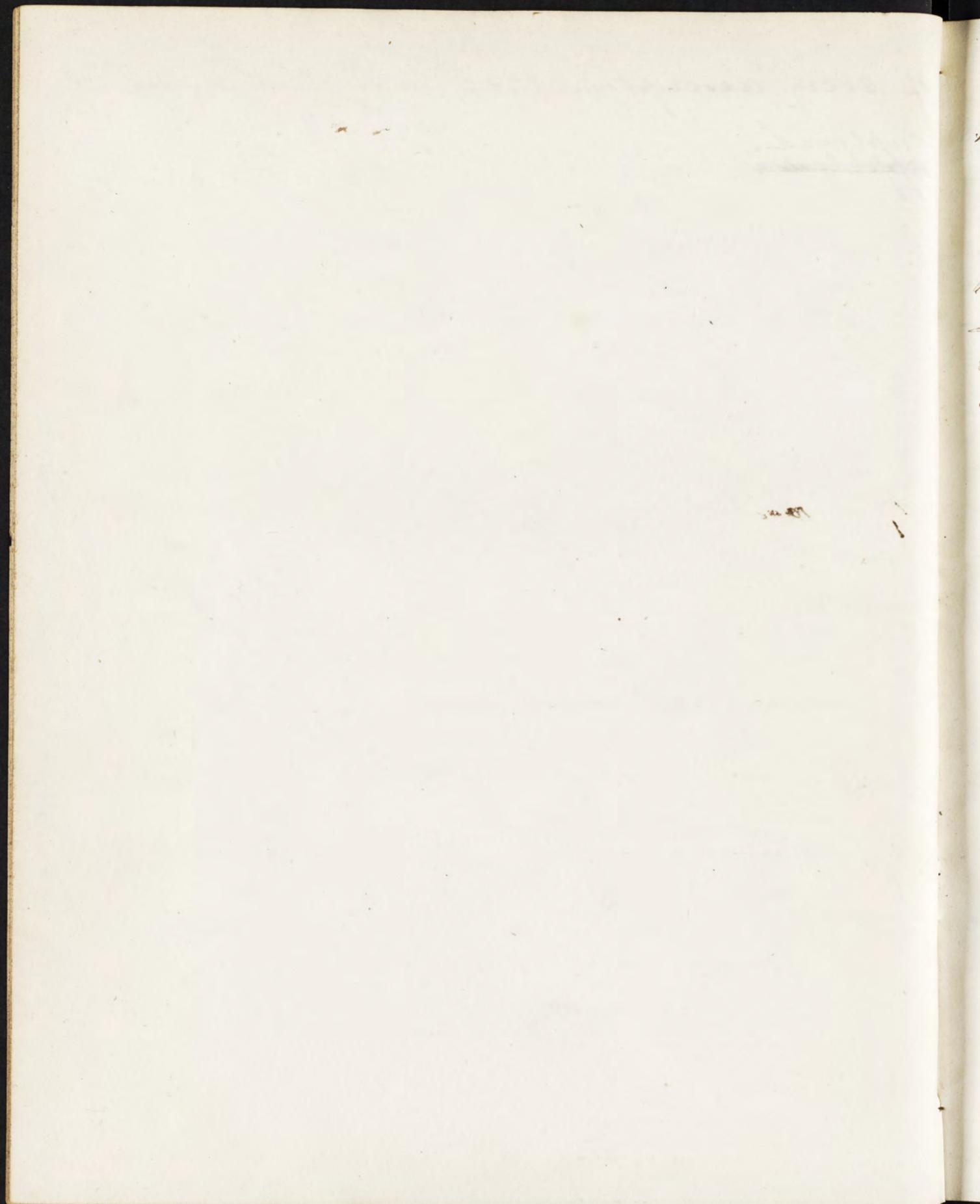
For the successful practice of his profession however the physician is not restricted to the articles of the Materia Medica, as in the catalogues containing the whole of the agents which may be employed, are enrolled



Many which without belonging to this class, equally contribute to his resources; such as blood-letting in its varieties, heat & cold, electricity and galvanism, acupuncturations, hygienic measures, as diet, exercise, clothing &c which are efficacious in combatting disease. The distinction is therefore to be made between remedies & medicines. In plain language it may be stated that all medicines may be regarded as remedies, but it does not follow that the converse is the case, nor indeed is it; for it is to be understood that the latter expression has a specific reference to a certain class of bodies while the former is universal & applied to agents



of every description that may be beneficially
employed.
~~afforded~~



Oct 16th 1849 -

Child Bed Disease -

Mrs John Butterfield aged 23 years -

First child, - male,

Habit pale, temperament nervous
was delivered 16th Oct at 6 P.M. Labour good. 10
hours, pains commenced in morning - os tricus the
size of a small pea at 2 P.M., fully dilated at
3 or 4 at 4 - the head had passed the ring of
neck & entered lower pelvis. System not excited.
Passed a comfortable night, with little or no
after pains, a few slots passed. Saw her at
~~the 10th~~ during well, no excitement of system but
complained of soreness in left hypogastrium region
at the time of uterine contraction which since
daylight had become more frequent.

At 11th she had a chill which did not pass off
for an hour & followed by fever. Ordered warm
spouts to abdomen & Miss Huntington Maple & water spts.
1 P.M. - Great febrile excitement, agitation, restlessness,
restlessness, pain in head, rapid respiration,
thirst, skin hot. Complains of heat of room, pulse
rapid 150 - tongue clean, pain great in hypogastrium
and, tenderness of abdomen, some tenesmus,
uterus hard & contracted now. Has passed in
slots & otherwise at least a pint of blood during
the day. Cannot move her limbs without an
increase of pain. Muscles of arms sore. Wt. 38-
but bodily fermentation continues greater,
q P.M. free from uterous throbs, pain in head still

In a seeking perspiration, pain & tenesmus of the abdomen less, can now count脉搏 - pulse 160 -
contains of febrileness. ordered Pot Cat - Bi-
Morph sulphate
as Methyl Bi

a tea-spoonful per mouth.

10 P.M. Met Dr. Deeg - state same. Enema given to XIV.
12. ct. - very comfortable pulse 124.

18th 5 A.M.. Slept until 3 o'clock when pain returned
in hypogastric region, with tension of the
whole abdomen, head painful, skin hot
and dry, thirst restless, pulse very rapid,
b.s. 3x. when I awoke from weakness, a per-
gative enema, hypodermatized & then went to.

9 A.M.. Enema has operated. Patient lying
on side, respiration calm, perspiration profuse
free from pain, pulse less rapid, tongue white.
Blood drawn without ^{top} coagulation. coagulum firm.
Ordered a Ricini 3 p-

11 A.M. Pulse 134 - skin moist & pleasant, no throat
less with comfort on other side, but considered
the tenderness on pressure a left iliac re-
gion, tumor firm but soft to pressure, bowels
have been freely operated on, much flatus
passed, milk appearing in breasts, which
free. Drank tea & castor oil enema, warm

Sweat oil & hand warm friction to side & $\frac{1}{4}$ L Morph. pie

19th - qd. life. Passed a comfortable night. Pulse 130-
skin pleasant, less pain & soreness on pressure, -
tongue purred, secretion of milk desired.

b - Pch. Complains of an increase of pain & sore-
ness in hypogastrium & left iliac fossa - abdomen
distended, pulse 130 - induced to take opium
 $\frac{1}{4}$ gr sulph Morph every 4 hours.

20th Slept well all night two doses of morphine taken.
qdt Pulse 104. Comfortable in all respects, can turn
& lie on left side, less soreness & tension. pul of
morph sulph - every 5 hours. Systen ligated for diet.

g - Pch. As well as in the morning, changes child
feed - Morph sulph $\frac{1}{4}$ gr. -

21st Passed a good night. Skin pleasant, pulse 100.
abdomen soft, a small amount of soreness on
pressure in left fossa. Free respiration. Contum. the
morphine. Systen ligated & an injection of castor oil.

22d. Passed a good night, tongue cleaning, pulse
114 - abdomen soft, still pain on pressure in
region of uterus, tie Ricin. $\frac{3}{4}$ gr. Spt. Carbenth &
Sweet oil to abdomen

23d. he produced some distress in abdomen which
went off when it operated at 10 Pch last night.
Condition improved, tongue clean, pulse soft 114-
less pain & soreness moves him feed. Allowed
Chicken water & dished abdomen with Lin ^{Cathartes} ~~Feathers~~
opiate enema at night 3 o'gth to open

24 - Comfortable pulse 114 - 25th Convales. His 1st pt. pulse 88.

26 - Pulse 80 - weak but free from disease.

1849-

Marsh 2d at 9th was called to see the infant son of Mrs. W - the subject of preceding case, found him - with fever, very frequent pulse, short respiration, nervous & painful plantar moaning. Learned that he had runned with the evening before & through the night but had refused to break this morning. The eye was dull no protracted heat of head, colored less distinctly marked than yesterday - when the hand had been pressed against the skin. Bowels were opened by cathartics the day before. Faded heat most & spots a. - Blotting if - any 2 hours

Evening - at 5th Child more lively eyes open & streaked by light peruvianus green pulse rapid & respiration more frequent than natural, stomach apparently distended & meteorized - cried violently when examined. Induced lacrimation & expectoration. -
goe was summoned in haste & found the child dead.

Post mortem - Marsh 3 at 2nd Tis, with Dr. S. Schreyer -
Body presented no blueness except from position & incipient putrefaction of lyp & groins.
Gut - pleated filled with fluid, lungs healthy

Mr structure, engorged with blood giving them a dense
feel than natural, floated on water. — Pericardium -
filled with fluid so as to appear as a transparent
gas, ~~about~~^{right} of natural size, ~~top~~ side filled with coag-
ulated blood, a thick dense somewhat adherent
coagulum semifluid & wanting in red globules in
the opening between ventricle & auricle, adherent and
apparently not of recent formation; — tricuspid valves re-
red, thickened & presenting fleshy granulations, the colour
of the fleshy adherent of the raspberry forenoon water
globulous size of a goose quill. Black blood in
left side, mitral valve presenting to a limited extent
the same appearance as the tricuspid. — Semilunar
valves healthy. —

Bowels distended with gas — abdominal organs healthy.
= The peculiarity in this case is the presence of black
blood in left side heart & no cyanosis !!

Case of threatened abortion at 6 months. —

Mrs D. Little pregnant with her 5th child, a nervous sanguine woman aged 32, I was told the last of August 1849 - rendered uncomfortable from oppression about the chest & plethoric fullness - pulse tense & full, face discolored & flushed, feelings uncomfortable & tension and swelling of the lower extremities. Her appetite had been capricious & she had for the most part during her pregnancy suffered from irritability of stomach. I recommended her to be bled but it was not practised.

August 3 - at 8^h AM was called on by her husband & requested to visit her. I found that she was strongly threatened with miscarriage, during the afternoon she was attacked with pains of a twisting character clearly uterine. Her symptoms were as follows - violent uterine pain commencing in the organ & extending up the back reverting to violent labour pain, recurring at 10 minutes, during these pains the uterus became hard, & condensed & forced the fetus to the lower portion of the uterine tube, at the neck of which much pain was also experienced. The condensation was most apparent to the hands on either side at a point a

short distance from the fundus, when during a
pain irregular tracheitis resulting a hole the
size of the fist was manifest; the neck of
the uterus had not been altered as determined
by examination & there was neither show or head
brake. Beside these symptoms the patient com-
plained of cardiac oppression, an uncomfortable
sense of tightness across the praecordia & want
of surface. the pulse was tense full & accelerated.
In the morning there had been vomiting & during
the day some diarrhoea. The immediate cause
of this state of things was intestinal, the patient
having eaten green planks previous to vomiting -
& from having a morbid appetite had for some
time indulged in unwholesome indigestible articles -
as pickles instead of her natural food. -
She had taken 1/2 dr Murphy's an aperient emul-
tio of blood were immediately taken from her arm
and a mustard poultice applied to the back -
I staid with her until 12m when the pains had
gradually abated & she was disposed to rest.
August 4 - Found the pain had gradually given off
through the night & complained only of soreness.
Aug-26 - See you paid. Sitting up & comfortable
This patient died late afternoon & until her corpse
went in boster 1849 =

Practical Case

Mrs Webster aged 25 of delicate constitution & nervous temperament, after much suffering & several treatm-
ents of abortion was delivered on 22nd November
1849. The labour was of 6 hours duration & very hard,
from unwillingness of the soft parts, slow dilation. After
the labour for several days she complained of soreness
of the parts in consequence of previous hemorrhoidal
tumours & abrasion of the lower portion of the vagina
but had no fever, her milk came on the 3d day -
25th & her lochia was abundant.

On Monday 26th she had a regular chill followed
by some exacerbation, pulse 100, so bad the employment
of Morphia & neutral water, this was relieved by per-
spiration & on the 26th in the morning she appeared
comfortable. At noon a recurrence of the chill took
place followed by fever pulse 115 she had great
bursting headache & sharp lancinating pain through
her abdomen, which rendered sleep impossible. At 3 $\frac{1}{2}$
pm fomentations to abdomen, the Recumbent 3 $\frac{1}{2}$ =

2nd & 3rd Oct. First operated symptoms same as yesterday
day with the exception of pulse which was 100. - ^{Another five gr. oil +}
ring the day acid injections with the effect of
casting sand on burns -

28 - Less fever, abdomen still tender & complains
of sharp pains in the abdomen. Introd. hand the
hand into the vagina & pushed up the womb with
some slight lochia diminished, patient, bedewed
with cold sweat.

29th Physician set given by the nurse counter the expression
that bowels would be open. Pain very severe of a
sharp lancinating character, much distension & ten-
derness of the abdomen, pulse 115—scattered now & fasten-
tions, brawling pain in the ear & head passed her
water freely but no evacuation from the bowels—
Pil. Cal 8*gr* & 1*ij* - Morph sulphate $\frac{8}{4}$ every 3 hours & after
30th Slept through the night, in feeble perspiration
pains in abdomen still severe, thirst, tettering of the

skin. Pulse 100—continues Pil. Cal & Morphate—
See 1st. Apparently better has passed much flatus by
injection, countenance less expressive of anxiety—skin moist,
less pain, paroxysms not as frequent, pulse ^{sound} ~~fast~~ soft

94—abdomen less distended, less sensitive to pressure
some thirst, slept a portion of the day, a purulent
discharge half an ^{day} of quantity ~~with~~ placed ^{day} in
the vagina, continue expectoration—Pil as before &

Spit out 2 glasses of urine, milk continues but less
in quantity. — ^{Bowels not being moved by 24^{hrs}} On the Morning ordered 1*lb* Tartar of 1*lb* Renn. $\frac{3}{4}$

See 25th Passed a restful night—Expectoration ceases—
pulse 100—skin warm, moist, excessive great distension
of the abdomen & more tenderness. Tongue with a thin
dry white coat, no lochia or discharge. Milk continues
but reduced in quantity—feeble urination—at 11oc the
Pil not having operated introduced the stomach tube
& gave 6*oz* of floated gruel—Pil Cal 8*gr* & 1*ij* opium
every 3 hours.—Blisters $\frac{3}{4}$ in abdomen—

10th Feb. Doctor had drawn with a cupines evacuated
two hand cups full place from the bowels. — pulse 115—
Cant pilas & purtice oblietas. Must ^{Cant pot 3*lb*} be open to the 15th every 2 hours
against over 3*lb*

Dec 3d - had quiet but did not sleep through the night. Contenance placed less anxious. Skin warm dry. Pulse 124. Abdomen still much swollen, but at times has been reduced a little by the discharge of flatus. Tongue coated, bowels have not been moved since last evening - can move limb & cough with some comfort, but motion of body produces pain. Milk flows but less in quantity - no lochia - urine free. - Oil of Cal & opium - as before & soap & water as enema. - 1000 P.M. - the bowels freely moved, pulse 120 - her head aches - Enema of Cal & opium during the night.

Dec 4th Quiet but did not sleep during the night, wandering of mind from ground (so drugs not opium at three times having been administered) passed the self - Tongue found a little brown in the center, hair - thinning skin pleasant - pulse 120 - abdomen less turned - soft - very sensitive & she complains of pain in the regions occupied by the uterus, - bowels not moved since yesterday. ^{I introduced my} ~~broken~~ chicken water hand into the vagina & pushed the uterus up with relief to the dragging feel in the abdomen. broken Chicken water - in type of East water fluid - & Salissa mustard.

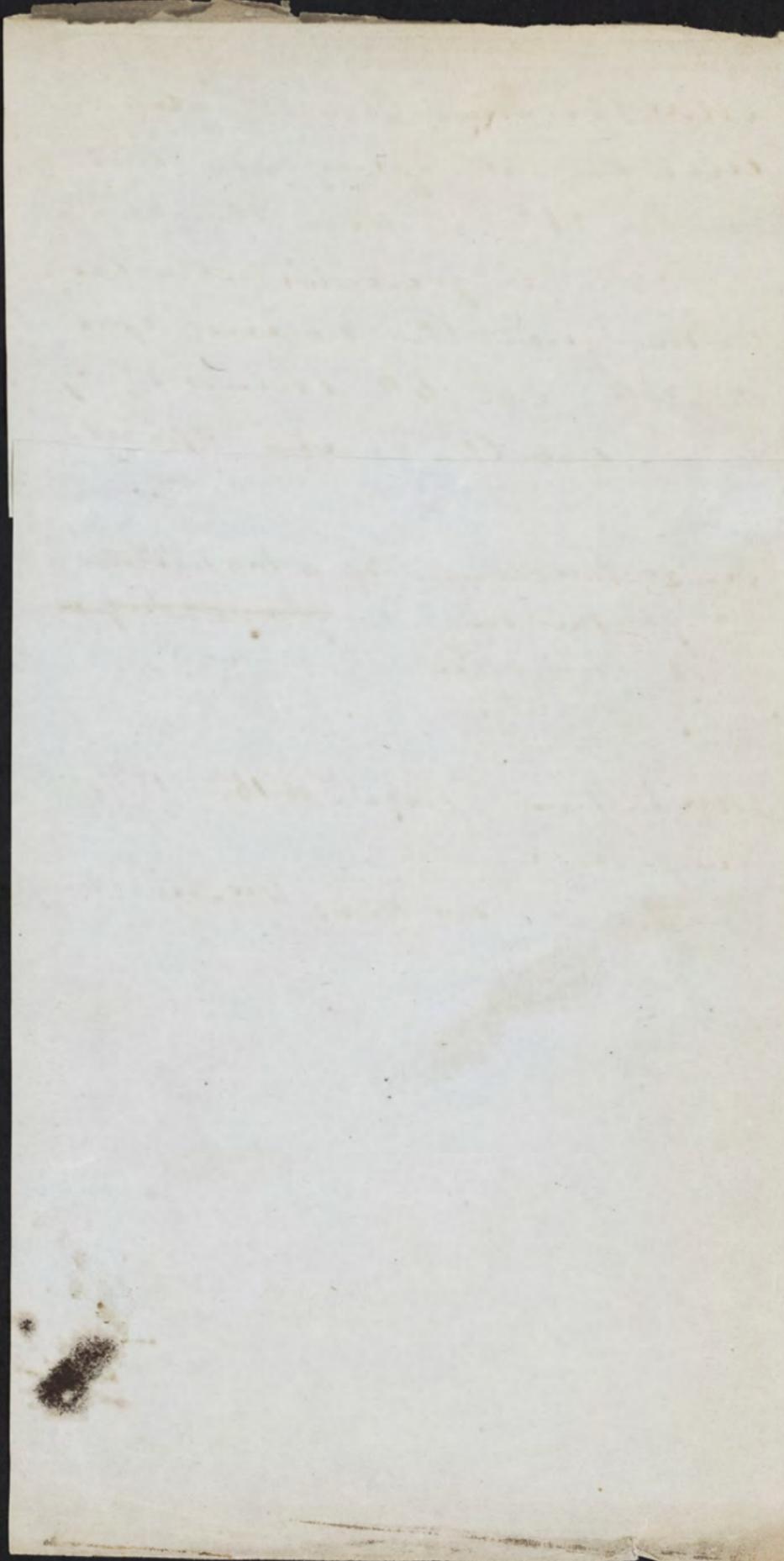
4 P.M. Bowels have been moved, belly a little softer pulse 120 - ordered - 8 1/8 Hect. Morph & 20 drags Spt Nut & every 2 hours.

Dec 5th Had a quiet night, but suffers at intervals from sharp lancinating pains in the pelvic region. Tongue moist the fur more encrusted less at edges. Pulse 100, abdomen soft but

1849

Mrs Webster chv 22^d - del -
attacked with premenstrual fever
on the 25th Lochia flowing on -
the 28th A profuse discharge
came from the vagina upon -
the 30th Dec 4th continued by -
hand into the vagina & pushed -
up the uterus.
Dec 23 - Mrs Clift - Dec 6 Mrs in Photos -
" to Mrs Bond - " ~~got the Neg.~~
16 - Mrs Akew - 28 - Mrs G. -
29 - Mrs Algeo -

Mrs Borthwick - 1849 - Feb 16th 18th fever
pneu - Set in -
20th Feb del Mrs Kern. Mrs Loewy March 7th



got distended. Skin moist, head clear but
was keen affected by the miasma. Continue Mysore
& Sps. Int. Chicken water.

6th Passed a quiet night without sleep. Head
much affected, exceedingly slightly & wandering in
mind. No general symptoms much improved. Head
moist at times reeking with perspiration, mouth -
of great irritation of it. Pulse 94 - Tongue decidedly
clean at edges & tip - no stool but can pass flatu-
fied water free. Saw State some pain in abdomen
extending to limbs, any other position but a dorsal and
painful tripplets hints draw up water free. -
Ordered weak infusion of Chamomile - 2 drs of Henn
Extract of Valerian evg 2 hours & an aperient
injection immediately. Mutter Chrop & poster sangues
Slept during the night, perfectly restored this
morning. Countenance clear & cheerful. Pulse 88 - Tongue
clearing. Bowels ~~removed~~, belly subsiding. Less violence
than extends the lower extremities. Then freely perpu-
ring - Blistered here & there - now & then shooting pains -
of a neuralgic character. Cham tea. Eat like a
normal diet.

8th Free from all pain, belly soft, bowels moved
freely, tongue clean, pulse 76 - soft & full, skin
natural - Iminic Sulph - gr 1 evg 3 hours - Cuttin
animal diet.

9th Decidedly convalescent - on the 13th sat up & ate
15 - free from all ^{apparent} disease, but weak.

10th This lady was seized with a renewal of

pain & soreness on the left side with most of her pre-
vious symptoms. The same course of treatment was pur-
sued, which resulted in clearing the acute state of dis-
ease & causing it to assume the form of chronic catarrh -
of the left side of the pelvis - accompanied with pain in -
the limb in the course of the nerve, with retraction -
of the leg. Her constitution assumed an atonic condition.
With exhaustion sweating & hectic paroxysms. From these in
April she was in a measure relieved ^{was enabled to} & live on the
soothing air. Her treatment pursued, emulsion of mat-
hereweed, tonics & astringents.

Placenta praevia -

Mrs L. Lewis aged 23 - a delicate fragile creature, seven months gone with her third, within the last month had manifested a tendency to hemorrhage, which on several occasions was severe. This induced her adviser & surgeon to suspect *Placenta praevia* & about two weeks from to date he was enabled positively to diagnose it. April 15 1830 - after breakfast she was seized with a return of profusely bleeding pains, which was arrested by rest cold & sedatives to the circulation. In the morning of the 16th the hemorrhage was renewed, the uterus was found to a state of contractile activity, & from the separation which had taken place between the placenta & the neck of the uterus, extravasation - waste existed. At noon Dr. S. was requested to take part in the management of the case & found the patient in an exhausted feeble condition, her countenance pale & contracted, hands & feet cold, skin cool, voice suppressed tongue pale & bloodless, spouts very small & very frequent. Upon examination of the vagina, the mouth of the womb was found dilated two inches but so myxoid as to forbid the introduction of the hand & though it presented a portion of the placenta recognisable as being its centre, the hemorrhage coming mainly from the anterior cervix. A tampon was employed & stimulants with cold to the abdomen resorted to. In the course of an hour cessation was established & the patient became corporeal with the exception of some pain & the circumstance of the plugging the vagina. Nothing but serum drained away during the day & the patient - unassisted sometimes during the day.

At 10^o P.M. it was deemed expedient to remove the

tarpoon which was found to be saturated with deeply
haemorrhaged blood, and soon afterwards regular uterine
red pains set in without however any considerable flow,
the cervix of the uterus being gradually removed and
a decided impression being made upon the mother
of the uterus.

At 2 P.M. of the 1st a violent gush of blood occurred,
with the escape of a large paroxysm coagulum ap-
parently proceeding from the uterus & a marked de-
ficiency in the powers of our patient. This induced
an attempt to terminate the labour by manual in-
terference, which was accomplished by Dr. Dray. Having
ascertained that the spine of the child was turned
to the ~~left~~^{right} side of the spine of the mother & the feet to
the left of the umbilicus, he with infinite difficulty in-
troduced his right hand & seized the knee. In con-
sequence of the contraction of the uterus the operation
of turning was performed very slowly, [&] carefully, but
steadily & finally resulted in the removal of the in-
fant in a few minutes the ^{sep} removal ^{*} of the amniotic
membrane followed. —
As the head emerged, the patient was much exhaus-
ted & laid for a length of time in the same
overclothes as the morning previous, from time to time
their being a tendency to faint, & presenting extrinsically
slowness of pulse. Depressing the head & stomach were
resorted to. This prostration was due to the removal
of blood as no unusual flow followed deliv-
ery & the uterus firmly contracted.

At 9 o'clock P.M. Patient had fully reacted, pulse full

less rapid, with a few general temperature
April 18th Passed a good night & symptoms so ame-
liorated as to place her out of danger, on the 19th
she was again attacked with extreme depression of her
vital force which finally terminated in collapse & she
died on the evening of the 21st. - Dr Cheaps was of opin-
ion that her death was produced by the heart stop.
The child died in about four hours.

Hemorrhage from the vagina of an infant nearly born.
On the 30th March 1830 delivered the wife of the Rev'd Mr. Bonner
of a female child, three or four weeks previous to term.
The infant was very weak & required help at both breasts
animation which was suspended. This was ascertained
by means of heated towels. - On Tuesday April 2^d I discovered
that the diaper was stained with blood & upon exami-
nation ascertained that it came from the vagina - At
the moment of examination, the bowels being moved a tea
spoonful at least was forced from the rectum. The blood
on the diaper was dark colored & turbid. In that which
came away under my eye a distinct coagulation was no-
ticeable. This hemorrhage continued until the following
Saturday, when it disappeared without any remedial
agents. The child taking nourishment & thriving well. At the
time of the hemorrhage, a degeneration of the cuticle took
place from the arms & legs, induced by the friction heat
employed in desiccating the skin.

Gynoecia with disease of the heart.

The subject of this case having been a sufferer both & in opposition to many physical obstacles, having lived to an unusual length of time, I have examined all the details appertaining to his history would be interesting & have accordingly recorded them. —

Samuel Rhodes was born . . . a perfect specimen of gynaecia. — He passed through the stages of infancy with no unusual derangement of health, but being developed however as his brother and sister, his remaining strong & courageous. In April 1842 he had an attack of hooping cough which was of great severity, in consequence of the difficulty of respiration at the time of the paroxysm, and prostrated him entirely from his lungs. — From this he recovered, & from that time until the winter of 1848 was apparently in good health. I had never injured his lungs or adhesions prior to the onset of hooping cough. But at that time it was evidently have started — his condition, when in the best state of physical exertion the following were the features presented — countenance rather dull, with a leaden hue of the skin, the expression of the eye clear, but the skin overpermeated with deep cymoor vessels, lipos — glands & tongue purpler, person small but slightly increasing from year to year attenuates deliquescent with a remarkable enlargement & thickened formation at the ends of the fingers & toes which ^{were} ever

as deeply tinted as the lips tongue. The chest evinced
an constant series of symptoms which were presented up-
to the last ^{two} years of his life as follows - resonance on
both sides before & behind, respiration louder than usual,
with now and again a pulmonary embarrasment. The im-
pulse of the heart was strong extending half an inch
further on the right side than natural to even a corpulent
man when the outer surface of the chest was exposed,
the frequency always amounted to 80 per minute, this
action of the heart was accompanied with ~~both~~ sound,
the first sound however most feeble, and a peculiar
bell-like sound which was perceptible not only when
the ear was applied directly, but also at some dis-
tance on the sides of the chest, the active case
was between his respirations was more turned than
common, but in other respects did not appear to
suffer, had a good appetite, good spirits, & as
the enquiring mind which led him to apply him-
self to his studies & actuary business in such as-
pects presented in succession with advancing years.

In the year 1843. with the view of determining the
exact position upon the evinced condition Dr
Pepper ^{somewhat} untried the following experiment.
I then laid upon his back with his shoulders mod-
erately elevated, his ^{chest} presented dullness on per-
cussion over the cardiac region which evinced no
pronounced impulse not very strong, stated 80 per min-
ute, pulse regular but feeble, carotid same as the
wrist, Breast discharge distinct, Respiration 20. -

The right hand was now elevated for 2 minutes - when it lost its colour, while the left being pendant increased in blueness. At 22 minutes past 12 he was laid upon his left side, in 13 minutes the lividity in the lips & hands which were now placed at rest horizontally had subsided, a little more injection existing on the pendant side of the head than on the upper. At 25 minutes before 1 o'clock, placed him on his right side & in 15 minutes there was no more diminution of colour than when his position was first changed.

2 - we now had him go to the garret ~~extreme~~, which he did with a respiration deep lividity of the lips cheeks and hands & a tumultuous action of the heart. Placed him now on his left at 4 minutes before 1 o'clock & in 15 minutes the injection was in the same state as in the first experiment on the left side.

3 - he was again sent to the garret & then placed in the right side, at the expiration of 15 minutes there was the same diminution of colour as in experiment 2^d but not more rapid or to a greater extent.

4 - when placed upon his back, the same results ensued, as at the commencement of experiments. - during the winter of 1848 he had an attack of hemoptysis ⁴⁹ of the lungs, commuted with pneumonia & consumption from which recovered & only ⁴⁹ spring resuming

59
16

his school duties but his health was not so good
through the ensuing autumn taken cold weather set
in he was obliged to relinquish them, becoming a crippled
and invalid & evidently declining.

April 25th 1850 - I visited him & noted the following symptoms.
Much emaciation of his whole frame, with extreme deli-
cacy of the upper & lower extremities, countenance pinched
leaden, eye dull, lips stuporous pale purple, pulse 116-
feet, quick & tremulous respiration 30. sighing, the pulse
of the heart decided but not forcible - ^{sound} ~~second~~ sounds of the
~~heart merged~~ into a rough ^{raw} ~~cough~~ which is heard all
over the front of chest, respiratory membranes clear & free
in the right lung little anterior & posterior, the sound in
active breathing over masked by the sound of heart but
posteriorly the middle lobe presents dullness on percus-
sion & a distinct crepitant murmur, this cough exists
more especially at night, with thick tenacious mucus
spasmodically excreted, he complains of creative pain &
lately has suffered from palpitations also.

The treatment consists in palliatives, -

From the time specified the poor little fellow has
been rapidly failing, treatment as giving an
& his difficulty of breathing ~~has~~ become so oppres-
sive as to prevent his ^{his} spouse in the recumbent
position, the respiration gradually ^{has} become more
labored until it ^{has} reached 35 in the minute
pulse quick & strong skin cold, mucous mem-

branes becoming dry & pale, extremities swelling. The anterior parts of the chest over the sternum extending over the right side presents the rough blowing sound, with hardly the natural sounds perceptible. The chest on all sides presents distress, & there is a ^{slight} ~~slight~~ mucous rale on either side, coupled with suppression of expectoration measured. almost agonizing ^{excessive pain in}
August 26. Patient after having labored ^{more} in chest and extremities with ^{less} augmenting asphyxia & the countenance ^{more} almost livid hue of his surface, with ^{less} clamor coldness of his extremities for several days, ceased to breath on this day at 2 P.M.
Autopsy. 68 hours after death an examination of the body was made. The appearance of it was very thin & the blue tinge of the skin was very apparent. The examination being conducted by Dr. St. Leger I took the following notes.

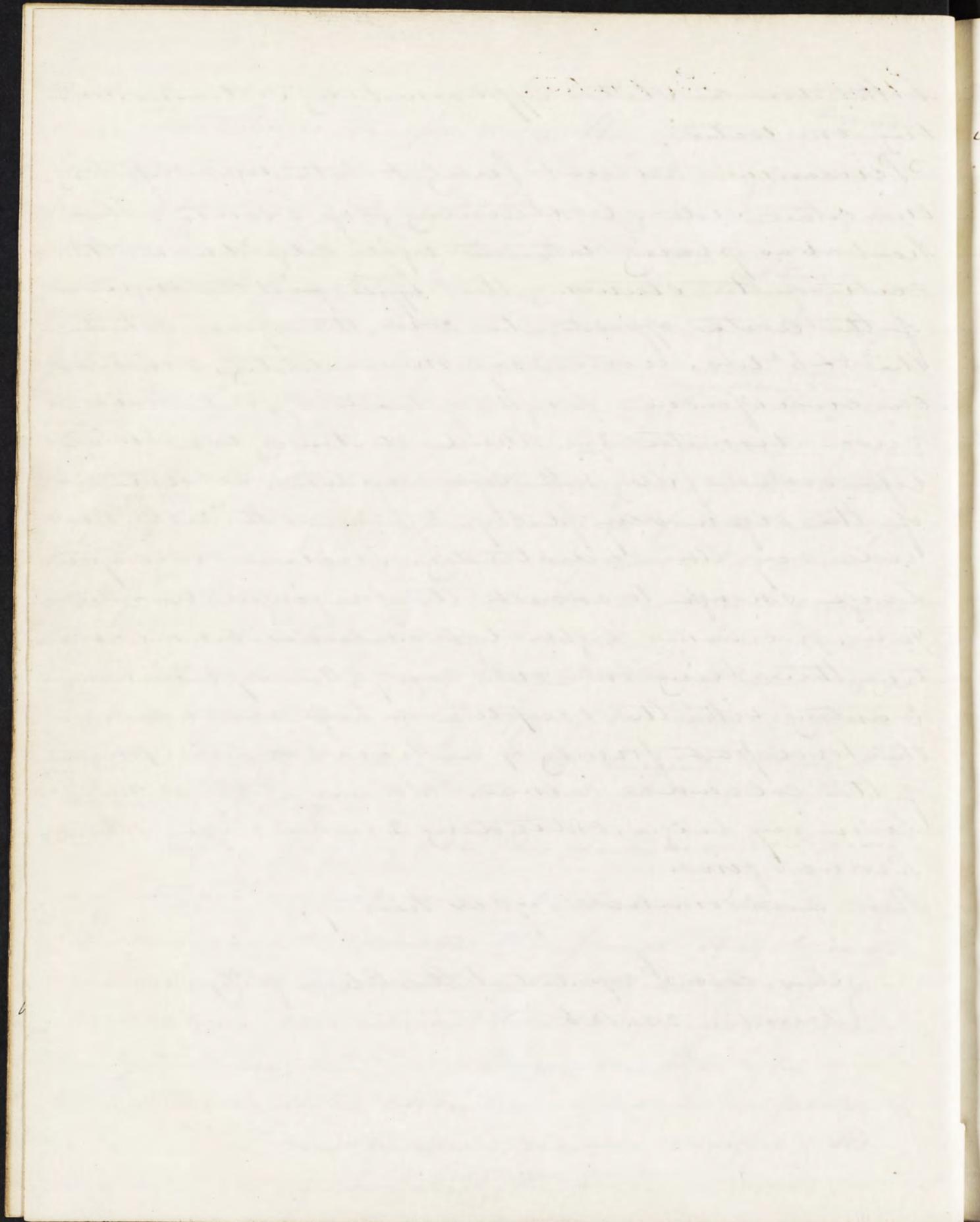
Chest. Upon laying bare the sternum and removing its strong adhesions were overcome. On endeavouring to remove the lungs they were found bound to the sides of the chest by strong membranous connectives, the result of pleuritis on both sides, but more firm on the left. Lungs filled with tubercles as large as pears as well as smaller masses, congested the lower ^{posterior} portion hepatised, the posterior part of

both in a state approximating softening. Sinking in water.

Percardium adherent firmly to both right & left lung - on either side. Containing 3 fls of scum. The heart was placed with its right edge under the centre of the sternum, the ~~upper~~ ^{base} of the organ - of the aorta opposite the 3rd rib, the apex between the 5th & 6th ribs. Aorta very much distended, 3 inches - in circumference. Length of heart 4 $\frac{1}{4}$ in. trans-verse diameter 3 $\frac{1}{2}$. Much distended with blood - left ventricle filled with soft coagulum. Substanc - of the organ very flatly. 3 $\frac{1}{4}$ in in thickness. An - gules very thin & distended. Foramen ovale open large enough to admit the forefinger. Diameter - $\frac{1}{2}$ in. $\frac{1}{2}$ inwards. Right & left ventricles communi - cating, there being but one cavity, the septum being - wanting with the exception of half an inch at - the lower part formed by a ^{depression} development of the columella carnae. Pulmonary Artery at age $3\frac{1}{4}$ in Liver very large, extending 2 inches beyond umbil - Kidneys firm.

Rest of abdominal organs healthy.

This case reported to the College of Physicians
December 3d 1856.



Precipitate Parturition.

Mary Gibson 19 years age of lymphatic temperament, in good health, plump & strong in appearance entered the Hospital ~~July 1st~~ June 1850. — During her residence before confinement, her mind did not appear to be of ordinary strength & from the indifference exhibited with regard to the state & the welfare of her infants, we were induced to suppose the child illegitimate.

On Tuesday June 25 labor took place, a female child being born without any thing unusual attended by Dr. Gobrecht, the Dr was the only resident at the time in the house & had a case of Esopodes under his charge.

The next day patient had a chills followed by fever pulse 140 per min, furred tongue & pain in the left side of the abdomen, she was purged treated with Calomel & opium & some leeches were directed to be placed on the abdomen by Dr Hodge, amendment followed during the following days, & on Saturday I took charge of her, June 30th Condition as follows — Skin ^{a little dry} good pulse 98, tongue slightly furred, appetite ^{impassive & free from uneasiness} good, no thirst, eye clear, abdomen free from pain or uneasiness — soft & yielding, free excretion of milk, lactia diminished, bowels free, directed Spt Mandeville & Morphia in small doses through day —

Sunday July 1st Patient continues to improve, pulse

80 - skin relaxed, bonds free, induced Murphy
at night. -

2d Convalescent tongue a little coated but
cleaning. - No medicin.

3 - Found her sitting up nursing her child ap-
parently free from disease, but noticed some
coldness & clamminess of the hands -

July 4th, was called by Dr. Penaosa to see patient
at 9 A.M. It is to be noted she had been seized with
delirium & prostration & found her in the
following condition - Head very hot, mind han-
dled, pupils dilated, abdomen slightly distended,
speaks hurriedly when spoken to & incoherently - with
difficulty swallows - Skin cold, extremities more so,
clammy exudation from her whole body, pulse per-
ceivable but not to be counted, heart very active -
respiration embarrassed, no sensibility of abdomen
which is somewhat distended.

July 5 - Died at 8. A.M. -

Anatomy 6 P.M. - Much embonpoint, distension
marked of the abdomen. Fat on peritoneum
much thick. Epiploic covering the whole intestines
& an angle of it connected with uterus, more
vascular than natural, the attached corner -
covered with putrid matter & false membrane,
the whole of peritoneum lining below inflamed -
covered with false membrane & containing pus
less severity, uterus exhibiting the same condi-
tion posteriorly, less so anteriorly. Broad ligament

Inflamed, evanescent. Inner surface of uterus
posteriorly deeper & more congested than in other parts.

Fever after delivery -

W^m Dr. Drayton aged 24 full habit of body -
black hair dark - high complexion. Wore
her pregnancy without much suffering & was
delivered of a male child June 4th 1852. Labored
12 hours the last part of it tedious from
the child's head being large & requiring four
hours to mould & dilate the soft parts -
that time being taken to pass the infant
straight.

June 5th Patient suffered from retention of urine
which was drawn off. Pulse 80 during whole -
Inwards during whole except pain in making -
water & soreness of external parts, a little headache.
June 7th soreness of external parts & difficulty of
making water only inconvenience. Bowels -
moved by castor oil - concoction.

June 8th Patient doing well but not quite -
as easy, complains of soreness of external -
parts & of straining & menstruation. At night about
10 P.M. same pulse 88 - skin good a little flushed,
11 P.M. was sent for & found decided fever
which apparently had been aggravated by a
tumbler of catnip tea. Skin hot. Pulse 96 -
quite full, face flushed & restless and

Answers complaints of a reflex pain in
back & pelvic regions when the urine passes.
No soreness over the abdomen except when
direct pressure is made upon the bladder.
Bled her freely until faintness was produced
14 oz taken, then 2 drs. Castor oil.

During the seas general countenance face not
as flushed. Skin warm, very little disten-
tion of abdomen, which is pretty placed, has-
some but less ~~dis~~ ^{an}xiety of constipation, if hand-
pressed has a little pain in left breast. -
pulse 115 - smaller, thirst. Examined pa-
vaginam & found the only sore point was
in the course of the urethra & at meatus.
No headache. Dr Pepper saw her with me.
& we gave her ~~Petridy 8ij~~ ~~Palo Santo 8ij~~
~~every 2 hours~~ - Placed a flannel strip over
the sore point. gave an enema ^{9oz} ~~injested both~~
laid aside.

June 10th Pass'd a sleepless night. fever con-
tinues, pulse 130 - quick skin warm, some
expression of anxiety of constipation, stomach
retentive but disposition benevolent. No dis-
tension or soreness of abdomen, slight pain
on making water. Tongue furred thick, white
directly Petridy 8ij ~~Palo Santo 8ij~~ every 2 hours -
Pil grained Sulph 8ij - every 3 hours. Chicken water
& lemonade gruel.

7 P.M. pulse 140 same condition. bone dry

June 11th qds. Passed a restless night - with but
an hours sleep - much agitation & excitement -
Mind clear but thinks she will not get well. Skin
hot pulse 140 quick & irregular. No pain of abdomen
& no difficulty or pain in urinating. Pulse
moderate, Milk free. Mind perfect, some slight
nervous twitching of hands & thinks the genuine
effect the heat, great thirst & forced to urinate, can
move herself without assistance.

Intermittent genuine party & pills by Dr. Palud. - as-
with as home when I gave pil 1/2 gr 1/2 - evg 4-
hours - Efferves draught 3ij & Eat Baker Honey pax v evg
2 doses - Beef essence / Sodapropf sponge the sun-
face & evg 1/2th head =

In the evening gave a flowing injection =

June 12. Passed a tolerable night, skin less warm
pulse more decided 138 - no pain, urinates freely -
Milk still free. Tongue still parched, expression -
calm & less excited - Expresses need & prefers 4-
what sleep she had (2 or 3 hours) bowels not freely -
Moved by the injections. less exultation - still slight
twitches of muscles.

Having baster bil 3/4" - I continue treatment omit-
ting blue mass -

J. P. M. bil has operated three times operously - says -
She feels weak - skin less heated - pulse 130 - eat
good - in other respects same. I intend 20 drops to open
by injection continue treatment

June 13. Slept more last night, bowels have

not been moving although there is a depression
between the evacuation of some fluid with
flatulence. Head clear but complains of restlessness
and uneasiness - tongue furred uncomfortable pressure
sores on sides, aphæs. State much thirst.
Pulse 120 - from divided system natural. Skin
hot but less so than yesterday & not so
much flushed of face. Stomach sensitive &
less crusting. Abdomen flaccid, eructa-
tively. State that her feelings are that her
limbs do not belong to her. During the day
complaining of weakness & faintness when her
veins were drawn but this not indicated
by the pulse. Milk state abundant. Treatment -
The Spt. Mung Bg with the XX Spt. Lact. substituted
for the coffee was draught, with 15 gr. East & Sal. every
2 hours. Stop Luminous & gave gr. 1/2 Cat. Lactuca
& at times evy 2 hours - bran & whey & Beef Concuss.
June 14th Passed a comparatively quiet night,
but with an aggravation of fever and delirious
delusions which is less decided at
Mornin. Mind never clear when spoken
to answers all questions ^{relative things but} ~~less~~ when left by
himself wanders somewhat & seems to have less

Mouth filled with delicious pancées - Face hot & flushed, tongue forced - throat. Stomach retentive - no loss of relish for her food, little crustation - Bowels volatile have been moved twice. Abdomen flat. Passes her urine freely natural in appearance. Some slight soreness over the bone of left scapula & ilium, & when strong pressure is made upon the soft parts immediately beneath the bony case says it hurts her, gentle pressure not felt - soreness of external parts & along the within immediately with the vagina - Pulse 120 - Skin cooler, less perspiration. Expression natural - breasts so pliable as not to fatigue - drawing back about ² balanced ⁴ can be on either side. Treatment - fluid in bark $\frac{1}{3}$ every 3 hours - continued Lactucinum - Bay leaves & Temple wafers - with sponging = the afternoon heat must continue.

June 15 - Passed a better night than any previously. Slept six hours soundly and aye the remainder awoke in the morning - free from delirium. Pulse 120 soft skin moist - tongue clearing a little, throat clear, bowels opened twice, some secretion of milk, less twitching. The Lactucin Est oil could not turn back & diet

10 P.M. Exacerbation of fever has subsided - much from heat during day, skin covered - over the breast with sudarium. Pulse 140 - Skin more heat but moist. ^{Delirium} again is - Respiration 33

Manifested. lieg in a dozy state with
more muscular convulsions. Gave
again during the afternoon I continue -
Est Last & continued bark, with Spt Mind-
ari, cold to head.

Dec 16 - Did not sleep last night at all
and very delirious - ^{above, too} pulse was ~~fixed~~ rapid
at about 135 - Skin hot moist but of mod-
erate temperature, wrinkles freely and -
when touched over breast see line of
the breath says she a sore, bowels once
moved slightly since yesterday - belly flat
No much voluntary tongue as yesterday. -

Expressed a wish for coffee, which was
gratified (an lat) via cream also contin-
Est Last & Bark, cold sponging -

~~about 10 AM to~~ P.M. in consequence of sleepless-
ness & excesses were restless with active de-
lusions. Gave an anodyne injection ~~before~~

Dec 17. Passed a comparatively quiet
night, but without sleep - Delusions con-
tinued - Skin warm but prospicible, pulse
140 - & upward - belly swelling - has many
consciousness of her wants, grasps her

urine without wetting the dressings - tongue moist & can swallow easily.

At noon became noisy & wildly delirious - high, eyes staring & expression excited - constant tossing of the head - reflex muscular movements with rigidity of the whole muscular system, great convulsions, belly more tense - pulse soft & feeble - sweat skin moist but warm, - a small analgesic injection. Has been all day under the free use of stimulants.

10 P.M. - quiet & peaceful breathing again - early last power gradually failing less & less distinctly in swallowing. From this time her respiration became more & more impeded, pulse became weaker, power of swallowing impossible & without spasms or any agony died at 11 $\frac{1}{2}$ P.M.

Autopsy of Prof. P. B. Rogers Date

Autopsy & microscopic examination by Dr. Lucy-
Emmerton. External. scarcely any muscular
development on the anterior parietes of
the chest. In the structure of the attenuated
muscles an abundance of
sporozo-

Upon sawing the sternum the cellular tissue
over the pericardium was found infiltrated with
an organ, and containing yellow gelatinized
secretion. Some fresh lymph was also perceptible.
Lungs. Adhesion of the upper lobe of the left
lung; structure healthy, but a small melanotic
tumor, about 3 lines in diameter found
upon the surface. (It consisted of fibrous stroma
with granules of pigment). The lower lobes
of same lung were engorged but not inden-
ted. If the right lung the upper lobe also
healthy, with some adhesion to the lower lobe
& the costal pleura. If the middle and
lower lobes the tissue was condensed, the
result of slow inflammation but not accom-
panying suppuration. At the back part of the
liver lobe a single tubercle was found, spha-
roidal in form, 5 lines in diameter. It con-
sisted entirely of undranged tuberculous cap-
sules. There was also an enlarged bronchial
gland in the cervical substance containing
& but no true pigment cells.

vescous matter. In the right pleura an effusion of bloody serum to the amount of three pints, containing shred of lymph, and deposits of lymph upon the costal surface of the pleura.

Heart & pericardium evidences of recent pericarditis, with coagulable lymph but not extensively diffused upon the surface. Heart darker coloured than natural from degeneration; somewhat enlarged. Coronary arteries filled with atherosomatic deposit as hard as bone, and consisting of an irregular calcareous deposit with fat granules (hypertrophy of the left ventricle). Mitral valves insufficent from thickening near the free border. Atherosomatic deposit between the folds (an of fine fat granules & some cholesterol crystals). A small coagulum in left ventricle. Semilunar valves of aorta containing atherosomatic deposit. Inner surface of the artery of a buff yellow colour, rendered unevenly an irregular deposit of yellowish atheroma between the lining and subjacent ~~coated~~^{traced} atheroma consisting of fat globules and fat granules without cholesterol. Walls of the

right ventricle somewhat thickened, tricuspid valves ~~healthy~~, and semilunar valves of the pulmonary artery also healthy.

Abdomen Mesenteric glands healthy, no external mark of disease upon the intestines, mucous surface natural, stomach extracted.

Liver of natural size, of a chocolate brown colour, slight effusion of lymph on the peritoneal surface, somewhat condensed in structure, lobules more distinct than natural, hepatic cells containing small groups of fat globules but no globules.

Spleen smaller and harder than natural condensed in structure & a patch of fatty degeneration (atheroma?) upon the convex surface.

Pancreas healthy.

Kidneys Super renal capsules healthy, kidneys of natural size, kidneys smaller than in the normal state, lobes distinct externally with several urinary cysts perceptible, (condensed in their substance, lobules distinct, granular degeneration of the cortical substance not decisive in its character, the right more granular than left, a few white yellow in size from a mere point to $\frac{1}{4}$ of a line in diameter, scattered among the medullary and cortical substance occur now pimelonoid cysts (calculus?) The tubuli

triumph of the medullary and cortical -
substances presented the usual character
observed in the normal condition, they were
every where lined with a perfectly developed
epithelium, but a small proportion of them
contained groups of fat granules. The epi-
thelium also investing the Malpighian can-
pules was entire, but the cells in many
cases contained groups of fat granules. Oto-
testuli trinitatis were observed nearly filled
with nuclei, or a mixture of them and fat
granules. From the papillæ venæ a
white milky exudation took place on pressure.

1853 =

Malignant Fever. Mr. Silver aged 20 a 20
bust vigorous young man, ruddy complexion
and chestnut hair, arrived in Philadelphia
from Wicksburg Miss. since which
time he has been sedulously attending lec-
tures in the University Pa. as a first course
student.

Until the period of his attack he has enjoyed
good health ~~with~~ the exception of feeling
uncomfortable about the precordia ~~region~~ a few days ago &
a few days previous to it and an attack of
Cataracts. I was called to see him on Satur-
day Nov 19th in the afternoon and found him
complaining of fever. His skin was somewhat
^{dry} warm, pulse 90 - thirty, tongue furred = Bowels
had been moved two days previously by the
Sulphate of Magnesia. Directed Blue Pill +
salve of hyoscyamus + Mastic Mixture.
Nov 20th Sunday - was sent for to see him in
the morning in consequence of violent vom-
iting having come on during the night.
Found the retching violent + large quantities
of greenish yellow matter discharged. Face
flushed - by the efforts - but skin comfortable
& pulse soft, moderately full + less frequent
than the evening previously. Directed several
sips - to bark and cinnamon + Cal + opium -
in doses of 8 $\frac{1}{2}$ drachms every 2 hours,

In the afternoon there being no abatement
of the vomiting = gave an aodyne injec-
tion, which was repeated - so the Sando-
num in oile was thus administered =
12.m. An alleviation of the vomiting, but
much jactation & restlessness, sleeping at
intervals for half an hour or less.

21st Monday = was sent for in haste with
the statement that he was suffering from
spasm of the chest - on visiting him found
that he was agitated by by convulsive one-
pressure spasmadic movements of the dia-
phragm & abdominal muscles, the act of
respiration was most painful, the muscles
of the chest were sore as were also those
of the back & hips, the slightest pressure
upon them produced an accession of
pain, his spine was tender on passing -
the hand upon the spine was pained - ~~the~~
inspiration was heavy - ~~and~~ with -
it a loud expression of distress & suffer-
ing. The face was flushed, eye injected

and he stated that he had some headache -
the temperature of his skin was not
more elevated than it had been, the
pulse full but soft was 80 per min.

After supping him freely along the spine =
without relief = bled him 12 oz = when he -
said he felt faint. Blood flat unseparating
clot of a darker hue than usual. Gave
Camphor Liniment with Castor & Black pepper
in 10 gr doses, every 3 hours.

4 P.M. Found him still laboring under
the irregular spasmodic respiration, &
with a pulse somewhat increased in fre-
quency, but full & strong = Requested Dr.
Wood to see him with me, first cont'd =
8 1/2 P.M. - There being no relief by his convul-
sive respiration & his sufferings being intense
with the attend congestion of the brain and -
lungs we decided to repeat the D.S. = which
was done to the extent of 3x.

Now 22 = 9 1/2 = Although the respiration had
become quiet, ^{and} still he has had intervals -
of rest during the night, it is laborious -
with high heating of the chest, & painful
actions. Face flushed & eye much injected
pulse 112 - but pressure on pulse - temperature
good = very restless tossing from side to side
& rising from time to time, desiring to change his -
bed. Tongue furred but moist, no vomiting -

bowels slightly moved with dusky green
watery discharges, & made in quantity like
this from & over the belly & thighs dis-
covered a full peritoneal eruption - His
attendant stated that he spit blood at
intervals = gave him oil Scrubbed & made
moisture = and being in action of the
bowels - Mesnaia moisture & Huy eat some
porridge

5 P.M. - Somewhat more quiet but still
restless - flush of face continues - respira-
tion nearly tranquil, pulse become feeble -
bowels have been freely moved, mind wan-
dering and disposed to doze for short inter-
vals - when fully aroused however conscious =
of who are about him = Stimulants =

11 P.M. - Found him with scarcely perceptible
pulse, but very restless = arose to re-
inate astenously, but hardly knowing what
he desired, sat upon the side of the bed
~~with little assistance~~, laid himself down on
his back & in 15 minutes asleep.

* Arm disposed to bleed from exertion, checked
by a roller from the hand.

This gentleman came from a district of coun-
try where yellow fever prevailed extensively -
lost his mother & brother since his arrival in
the city. He was much exposed on his journey =
in riding on the out side of the stage from
Wilmington to Chertgomery Alas.

Cinstonian

Mrs. C. Beddoe - aged 30 - Delicate constitution =
slimous habit. Light hair & eyes. Has laboured =
under Chills & Fever since August - has been
living during the whole summer in the region
of the Delaware within a mile & a half of the
margin. During October and November the Paroxysms
recurring every two weeks. Has taken the sulphate =
of Sennia freely and with a view to the anticipa-
tion of the attacks, so as to completely derange
her nervous system. suffers much from head
ache. On the 23^d of November was called to see
her & found that in addition to the nervous
symptoms = her tongue was furred, bowels consti-
pated with a yellow tinge of her eye & skin,
digestion impaired & a tendency of fulness of her
head & forehead bread & ale.

Prescribed Blue Pill, & a purgative = followed
by Tar & acum.

On the 28^t = Skin clear & eye - tongue clean and
the bowels free = weak & debilitated, directed East

of Gentian & Port wine.

Dec 3^d. was again called to see her & was told that she had a cold the afternoon before, followed by fever & headache. Found her free from both and directed Sulph Aromatic in six pills - the evening two hours.

4th I last taken 3 pills = each day = in evening had cold =

5th Free from Fever directed a more liberal use of the Medicine =

6th I last taken 24 pills & no return of Fever = on the preceding evening.

Diabetes Mellitus Death.

Beaufort Norman aged 20 years, has been for five years past at least the subject of Diabetes, from which his general health has been much impaired. The quantity of urine voided amounted to 16 pints or more in the 24 hours, highly charged with sugar. For years his thirst has been excessive & the appetite voracious. Emaciation has been progressive & of late he has evinced a disposition to lethargy. Various modes of treatment have been adopted but without making an impression upon his case.

On Thursday July 6th 1856 he left Long Branch where he had been spending a week a week. Left under the impression that he was not poorly, feeling some difficulty of respiration & arrived at home in the evening.

On Friday 11th he was attacked with ear ache, the pain being severe, radiating on the side of the head, for which he applied to his medical adviser Dr Goddard, & was relieved by the application of 2 drops of T. Aconit. with a few of Glycerine. In the evening he complained of difficulty of respiration, which increased so as to become alarming during the night.

At 2 o'clock Saturday July 12th I saw him with Dr Goddard & found him in the following con-

dition. He was lying on the floor to which his mattress had been removed, gasping for breath and complaining of intense agony in his chest, respiration short & hurried, interrupted with moans & exclamations. Consciousness perfect, but mind disposed to wander in the intervals of his cries for relief, pulse 130, sharp & contracted, heart beating with violence, with an exaggeration of the normal sounds; respiration clear through the chest & phonation resonant throughout; face flushed, eyes somewhat injected, extremities cold, body warm, thirst excessive, tongue coated, bowels had been confined for several days. A dose of Morphine Sub.
~~had been given to him~~, ^{soon after I arrived} which seemed to calm the excitement but did not diminish the respiration. Dry cups were placed on the back of the neck, followed by a blister, 8 grs of Salomone & an equal quantity of Erol Comp. - Reverbérion was made to the extremities.

8th A.M. A soporose state had succeeded to the excitement, gradual loss of consciousness had come on; eye fixed, pupil contracted, face pale flushed, inability to swallow, skin becoming cooler. Intense exogenous sweating, pulse small & feeble, yet throbbed. A large accumulation of water had taken place, which was drawn off, little. Gradually sinking, pupil dilated. Respiration short & pulse declining rapidly, countenance livid; at 11 a.m. died.

Placenta previa -

Mrs. James pregnant with her sixth child during the summer has enjoyed good health in the country, ^{but} and ~~and~~ had a show of bloody discharge determined to turn at the end of the season & during the month of September had discharge of blood sufficient to lead to the idea that her pregnancy was accompanied by placenta previa.

Oct 5. 1858. was taken in the morning with labor pains off and on which continued all day & during the evening.

at 11th she was called to see her in consultation with Dr C. D. Cheyney her accoucheur, found that she had lost much blood, but her skin was warm & her pulse good temperature about 85° face colured as she lay with her head depressed, the uterus dilated & soft sufficiently so to permit a determination of the presence of the child's head being engaged in the neck & a flap of detached placenta lying partly projected from the open orifice the placenta previa was determined to be partial but half over the neck of the uterus & therefore not largely separated by the dilatation of the neck. Dr. Cheyney had used the gum elastic bulb filled with water in the vagina & cold bath abdomen & as the pains were feeble he had given

Small doses of Cigot. At 2¹/₂ hr. the pains appeared suspended or feeble & it was determined to give larger doses of Cigot as the neck & os were dilatable. Her strength apparently failing stimulants were used freely internally & movement in the shape of head & milk. At 2¹/₂ hr. the head had much descended & had been brought bearing upon the separated portion of the placenta but it was discovered that the funis had descended & from its position must for some time have been pressed upon there being no circulation & the child dead - There being no reason why delivery should not be expedited so as her pulse had very much failed & last lessened & nervous irritability was increasing, it was determined that of the uterine did not bring the head within reach of the forceps - to introduce a tractrix with the head of the child & delivered. Being disappointed in the efforts of nature the pains becoming suspended & the danger more imminent from omissions to omitting the work was continuing & the head delivered a quarter before three.

After delivery there was no hemorrhage but
from drooling but patient was very much
exhausted, the pulse remaining very frequent.
I gave $\frac{1}{4}$ dr. Salph. Morph. =

At 4 $\frac{1}{2}$ A.M., despositus b'dose, pulse still
frequent but fuller. = During the latter part
of the labour she was sick at her stomach
attributable to the effort & this nausea con-
tinued in moderate degree. =

5-11 A.M. Patient has slept a few hours
has warm skin & pulse of sufficient force
but still frequent. Contains anodyne Morph.
isomint. Her tonic contractions of the uterus -
which were brought on by the effort & con-
tinued as often pains have much subsided.
Appears herself comfortable but weak. =

She is labouring under prostration, with -
some discomfort from uterine contraction
pulse rapid & weak 120 per minute =
Kept under the influence of Morphia &
allowed bread & milk & strong coffee as diet.

7= Pulse less rapid & stronger.

8. Comfortable & less prostrated pulse 100 =

10= Labouring under irritation from secretion
of mucus & prostration is apparent under
the secretory action. But bruy. bowls have
been provided by injection no pain or abdominal
uneasiness. =

This patient for a long period laboured

Under most of the symptoms connected with the loss of blood. Her pulse continued rapid for weeks - her head was oppressed by weightiness. Her hands became tremulous & extreme nervousness almost threatening prepared me much anxiety for some time, but under the use of Sulfate of Ironia & iron with good moderation, she ultimately recovered.

Eclampsia, with albuminous urine.
Mrs Sager aged 27 of delicate make &
tendency to affection of the lungs, was
pregnant with her first child. Her lower
limbs became much swollen in the
7 months of pregnancy, but in other re-
spects her condition presented no marks
of abortion. On the 1st of November her
urine was examined & afforded evidence
by the action of heat & nitric acid of a
considerable amount of albumen, the
sp gr was 10017. No test of the amount of
urea was made.

On the 1st I found on visiting her that
the swelling was rather increasing, & that
she complained of little except confusion
when long occupied in sewing, which was
interdicted and although the urine con-
siderable quantity was abundant, some sweet-
ness of urine was detected & her towels
to be kept fresh by scratcge water.

On the 18th I was called to see her in
labour which had commenced in
the night with the discharge of water,
her husband stated she had been ap-
parently well for the last few days, with
the exception of some stitching pain in
the forehead & a little confusion which

passed off in a few minutes which
had been met by a suddenly powder,
when called to see her she was calm
with an unaccelerated pulse & suffering -
under pains at intervals of three min-
utes of a somewhat forcing character -
on examination I found the os well
dilated and the waters presenting with
the left foot a little in advance of the
scrotal tumour. At 12 m. the labour was
going on well, the child having descended
so as almost to reach the perineum
and distended it with fair propulsive
effort, and no complaint of head or pre-
monitory symptoms. At 1/2 p. when the
child fully distended the perineum she
was seized with a violent convulsion.
It was immediately deemed expedient
to hasten delivery by traction on the
frown of the child by which I succeeded
in drawing the parts, the body soon
followed & was rapidly delivered with the
arms, at which stage another convulsion
came on, in the midst of which I
succeeded in getting the marrow blade

of a vestis above the head & hanging its
way. The child was born in a state -
of asphyxia, but the heart had not ces-
sed to beat although for several minutes.
There had been a cessation of circulation
in the cords. By artificial means in a
little while breathing was established &
the child saved.

After delivery the calorposia returned -
by 20 minutes for three hours, with a
soporose interval & on the return of con-
sciousness a relapse into the convulsed -
state; during the soporose condition the
smoke pipe motion of the mouth was com-
mon attendant & stertor.

The pulse was rapid & very feeble at the
time of the convulsions almost lost, &
the skin cold. A free hemorrhage had
occurred at the separation of the after -
birth & contained half an hour which
told on the circulation; the treatment
therefore was confined at first to stimula-
tion externally, and the employment
cold & blood & a buster & sponge made
of an opium & camphorated vegetative -
^{as soon as cap to temples & behind ears}
the Opium &c (30 grs. & 3 fls. of Camphor). At
five or the intervals of calorposia were
prolonged to one hour, & a stimulatory
nutritive injection (wine by Chardenotter

Bi-given. At 9 a.m. the interval varied from 20 minutes to 2 hours, there being evident exhaustion & pain & a half grm. of Quinine was added to the injection at intervals of 2 hours. The blisters on the back of the neck had drawn & re-action fairly established. At 12 M^r. the last convulsion took place, at which time patient was very restless but unconscious - this was attributed to distension of the bladder which was relieved by the catheter.

10 o'clock A.M. - Patient has slept during the morning for several hours soundly and naturally, has returned to partial consciousness & taken some nourishment. pulse 93 - weak, skin warm, quinine suspended & now replaced by ^{at 9 o'clock} 1/2 grm. of Quinine given. The urine drawn by catheter was thick & sp. gr 1.003 - coagulated largely by heat, colour dingy. - On standing until evening deposited much epithelial matter & water of ammonia with epineurial matter. From 1/2 p^t by mouth, and when the albuminous coagulum was removed, & obtained grs of ^{nitro} ^{nitrite} of urea.

Nov 20th = passed a good night, consciousness perfect, feebler, with a pulse of 93, moderately strong & good, warmth of skin, says she is a little confused & recollects nothing of what has passed, very sore in the limbs. Diet of beef tea & a little rice cream, urine drawn by catheter.

21st. Passed a comfortable night, so perfectly rational, and composed. Pulse 86 - good. Passes water largely by catheter, complains of blisters & soreness in her limbs, from which the deposit of effusion is passing off. Diet beef tea & Brownia. Got out Dr. perfect quiet.

22nd - sp 10013. free from albumen.

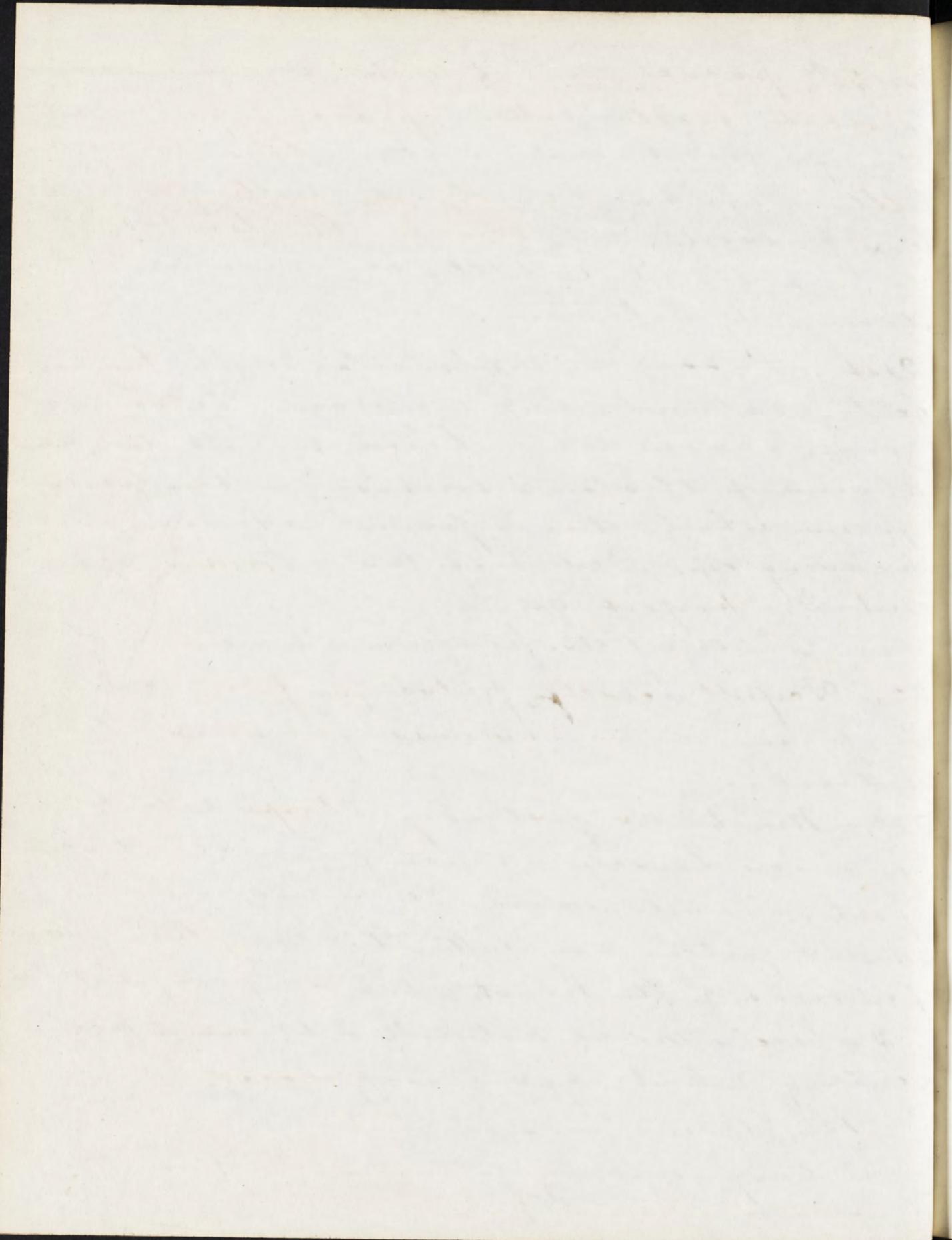
22. - Perfectly herself, pulse 93 - from debility - no pain or uneasiness - functions all natural.

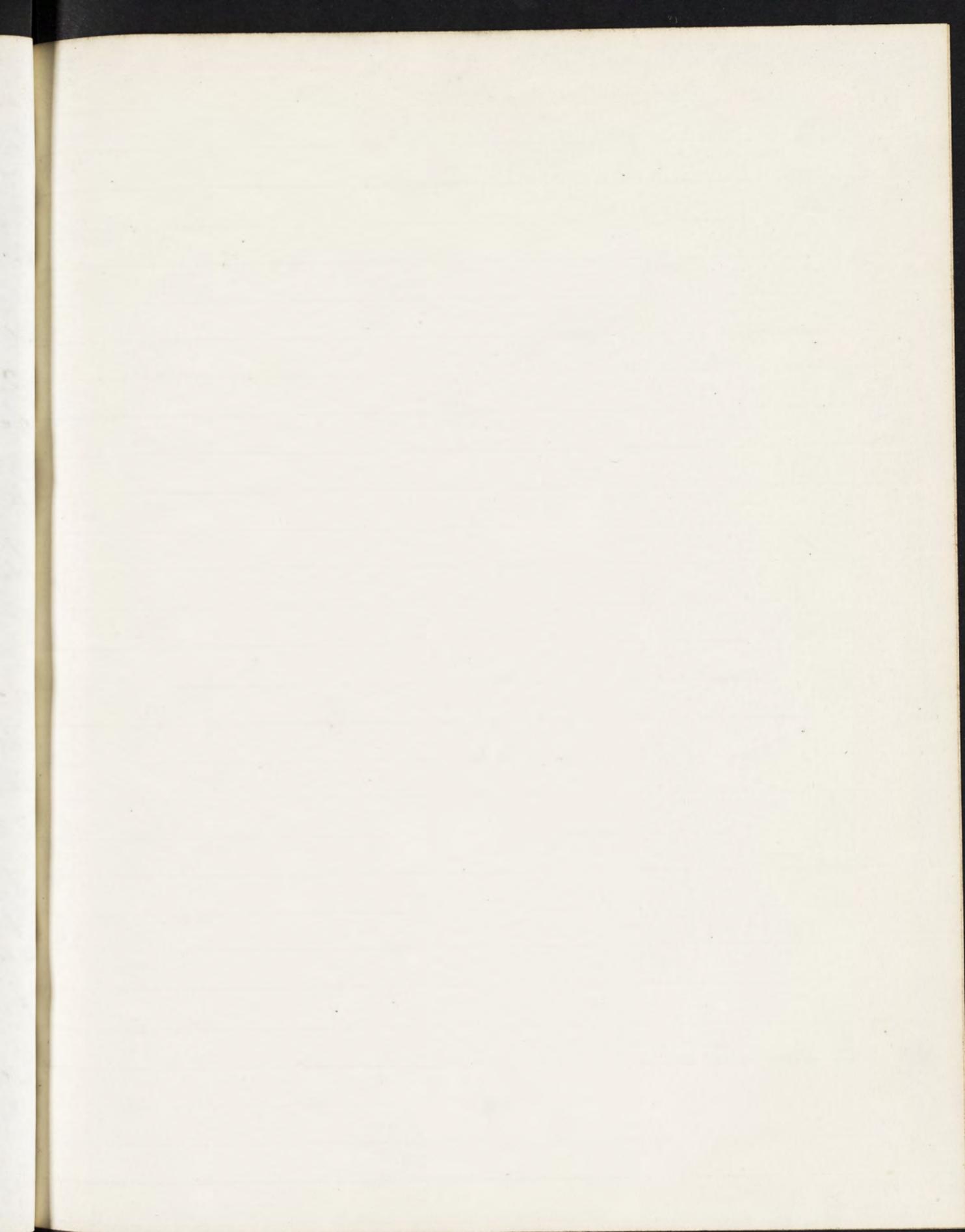
23^d = Much as yesterday. Sleeps well & can pressurize herself as free from all disease. Foot. = Bowels moved & evacuate freely.

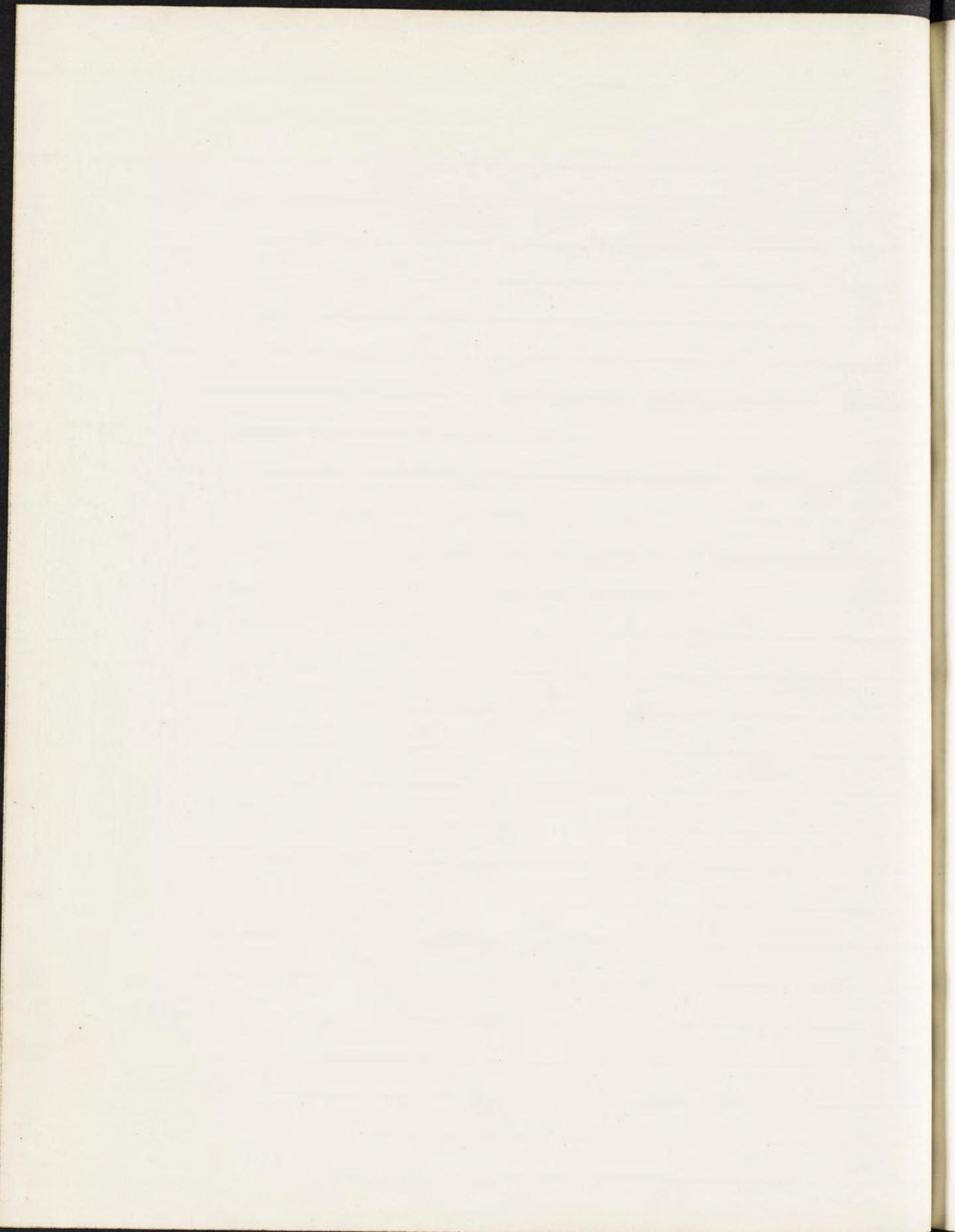
24 - As yesterday with the exception of some fulness of the heart - but not painful. pulse 94 - bowels moved naturally & evacuate freely - swelling of limbs has disappeared.

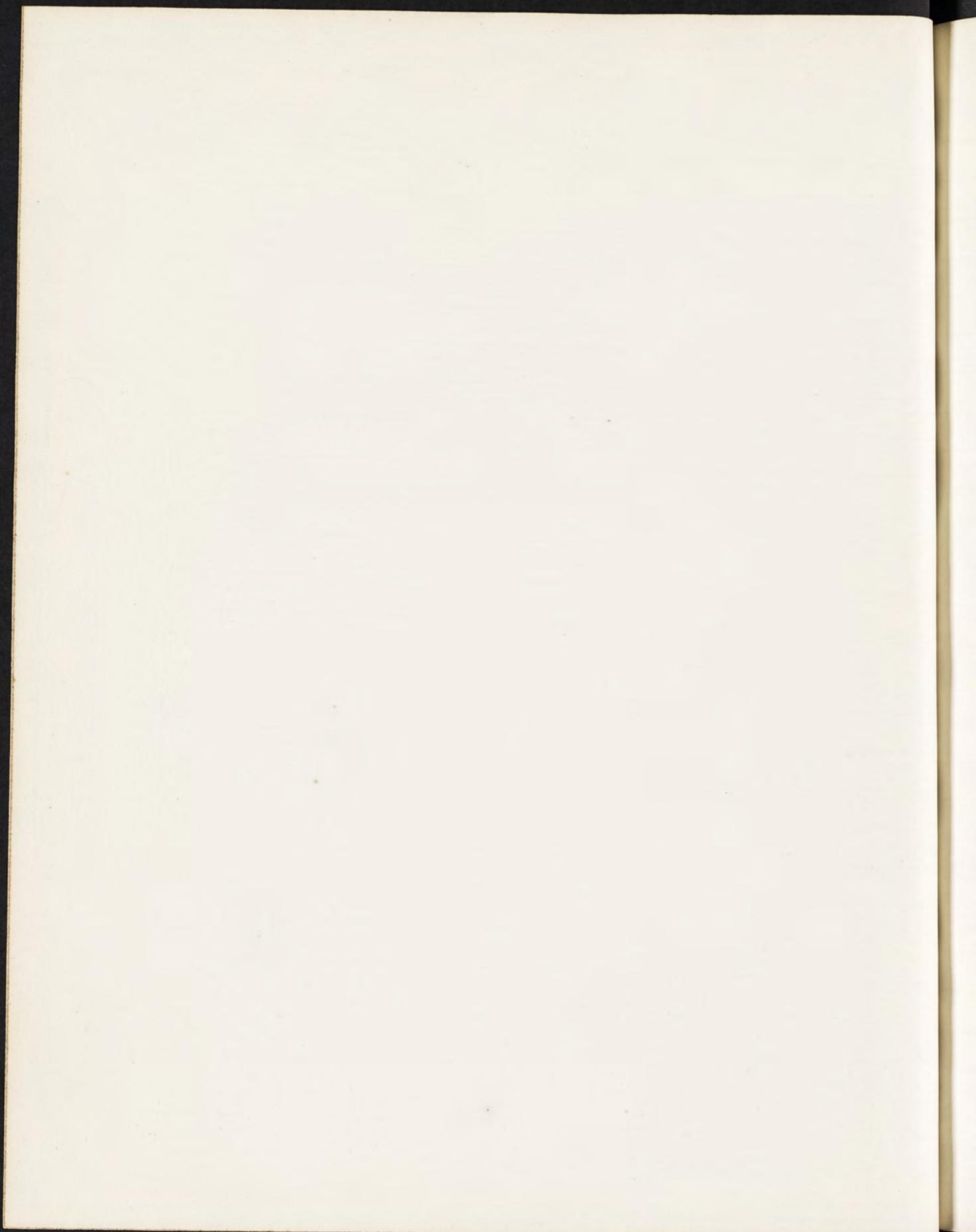
Dec 1st. Convalescent.

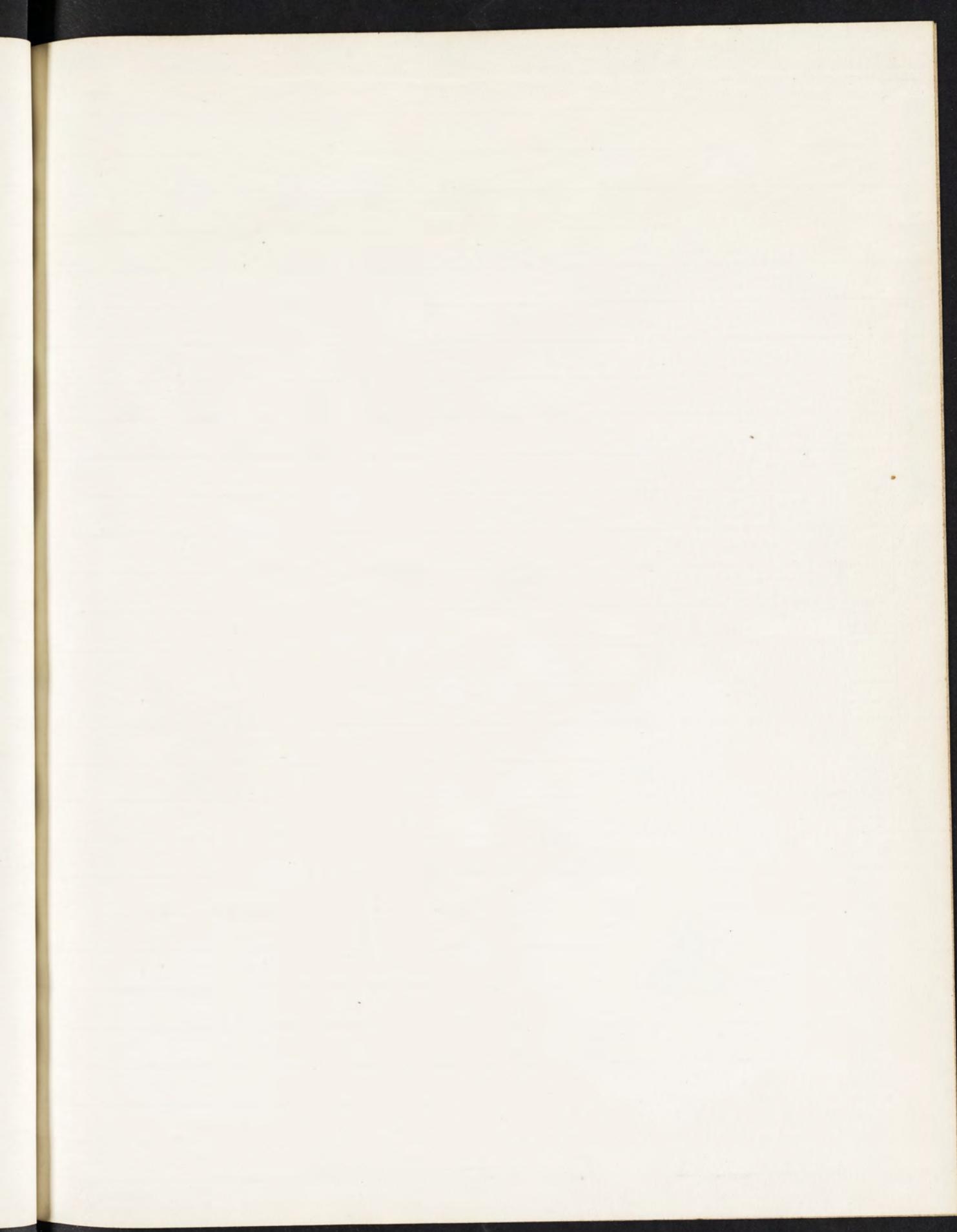
This lady gradually got well but remained weak for some time.

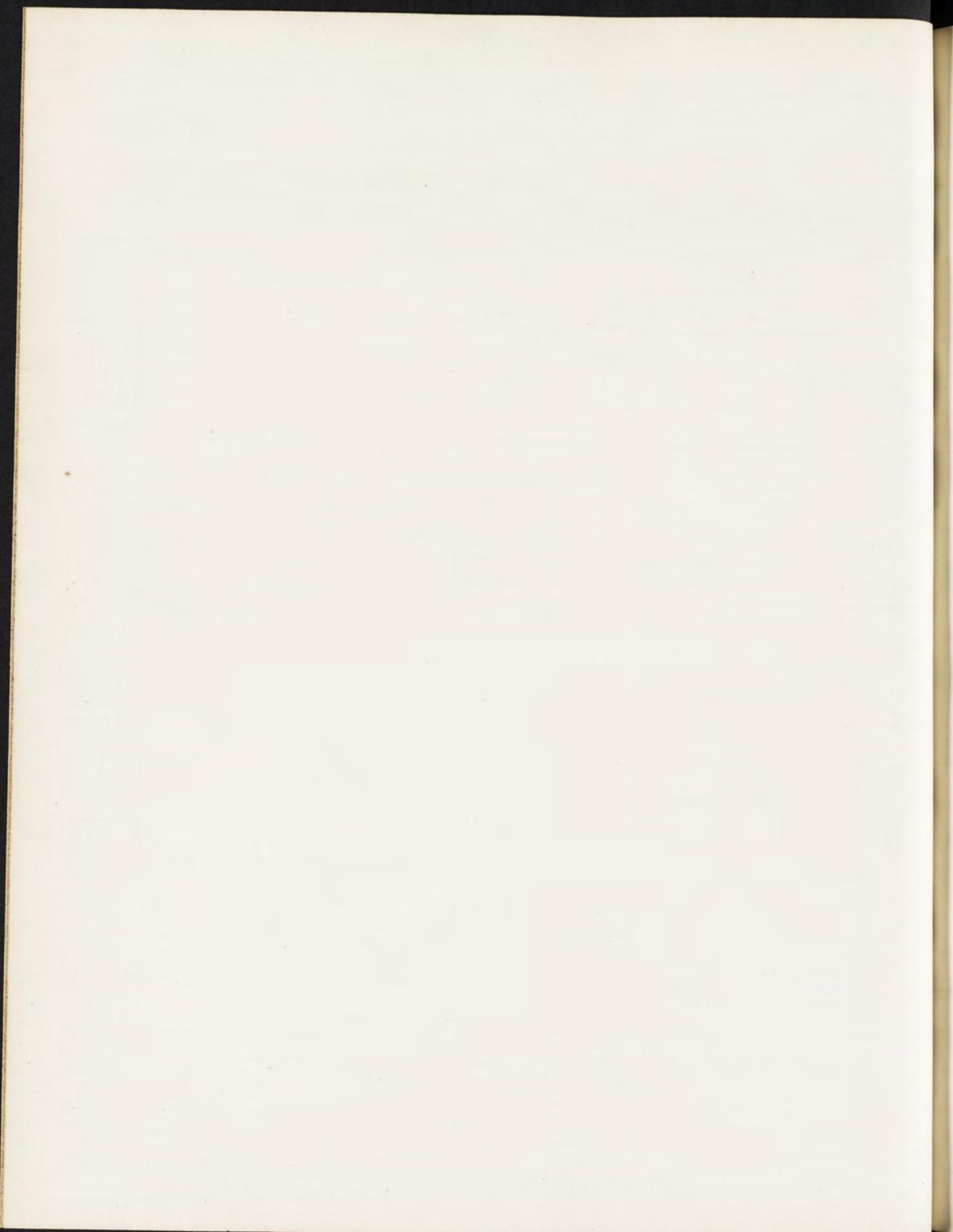


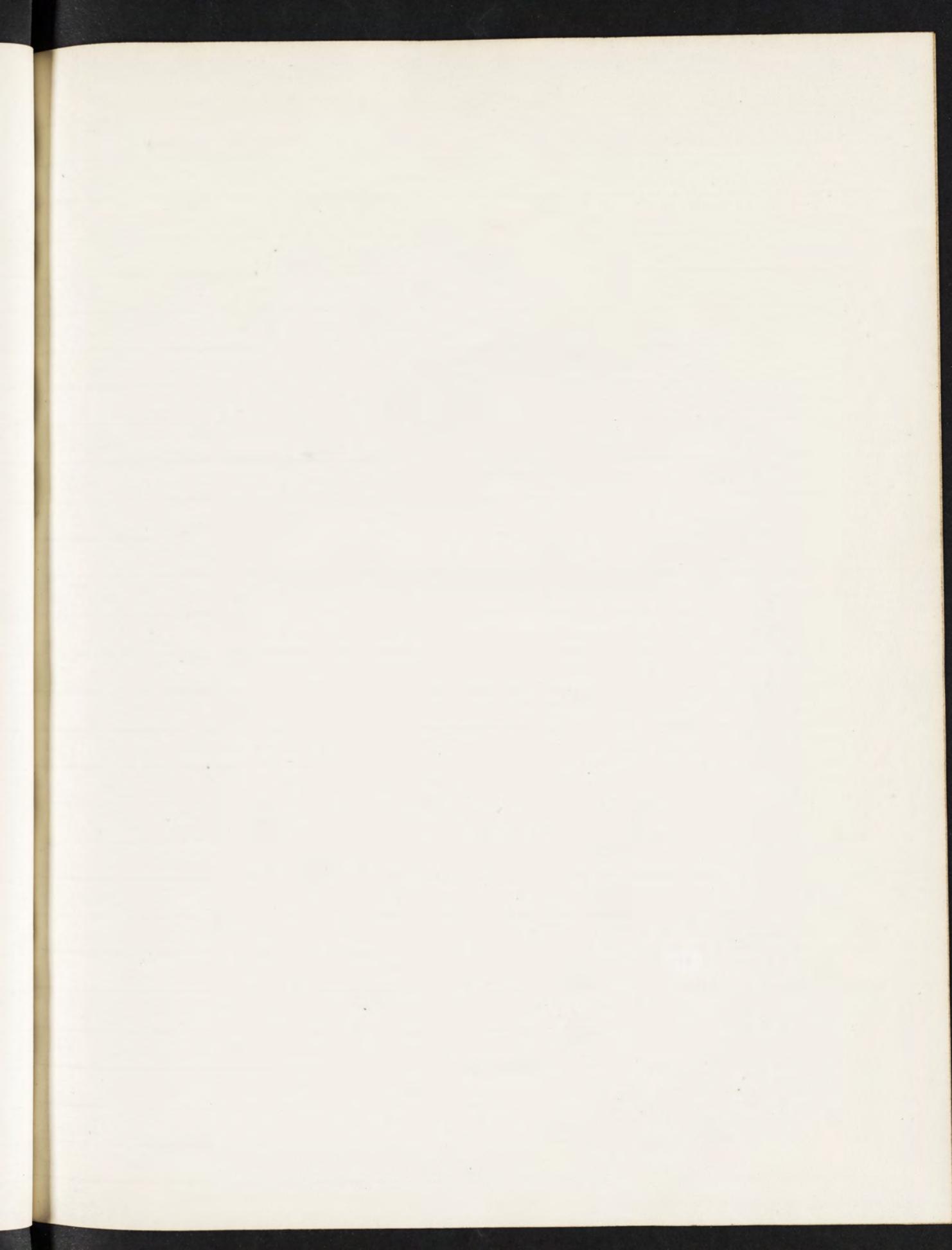


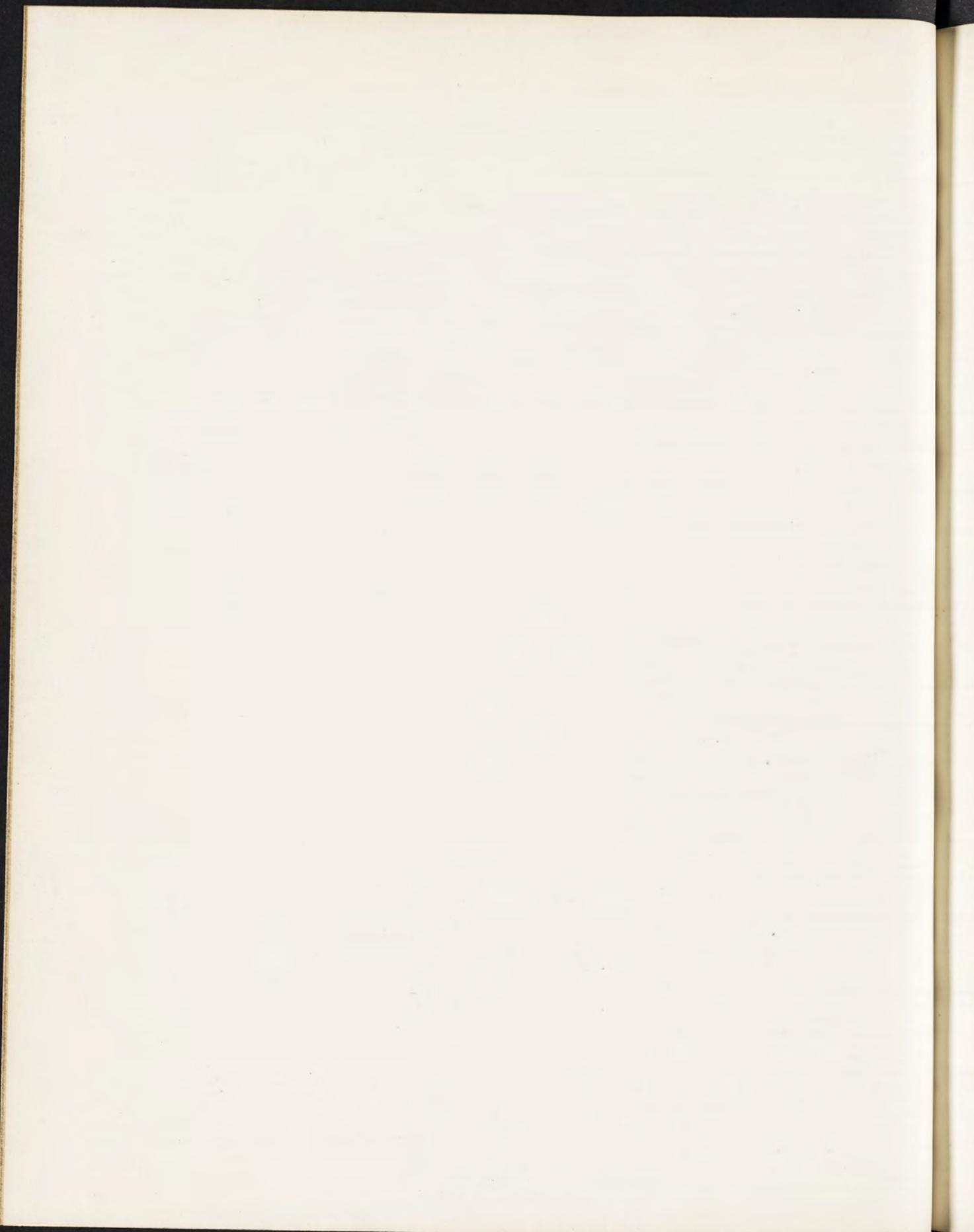




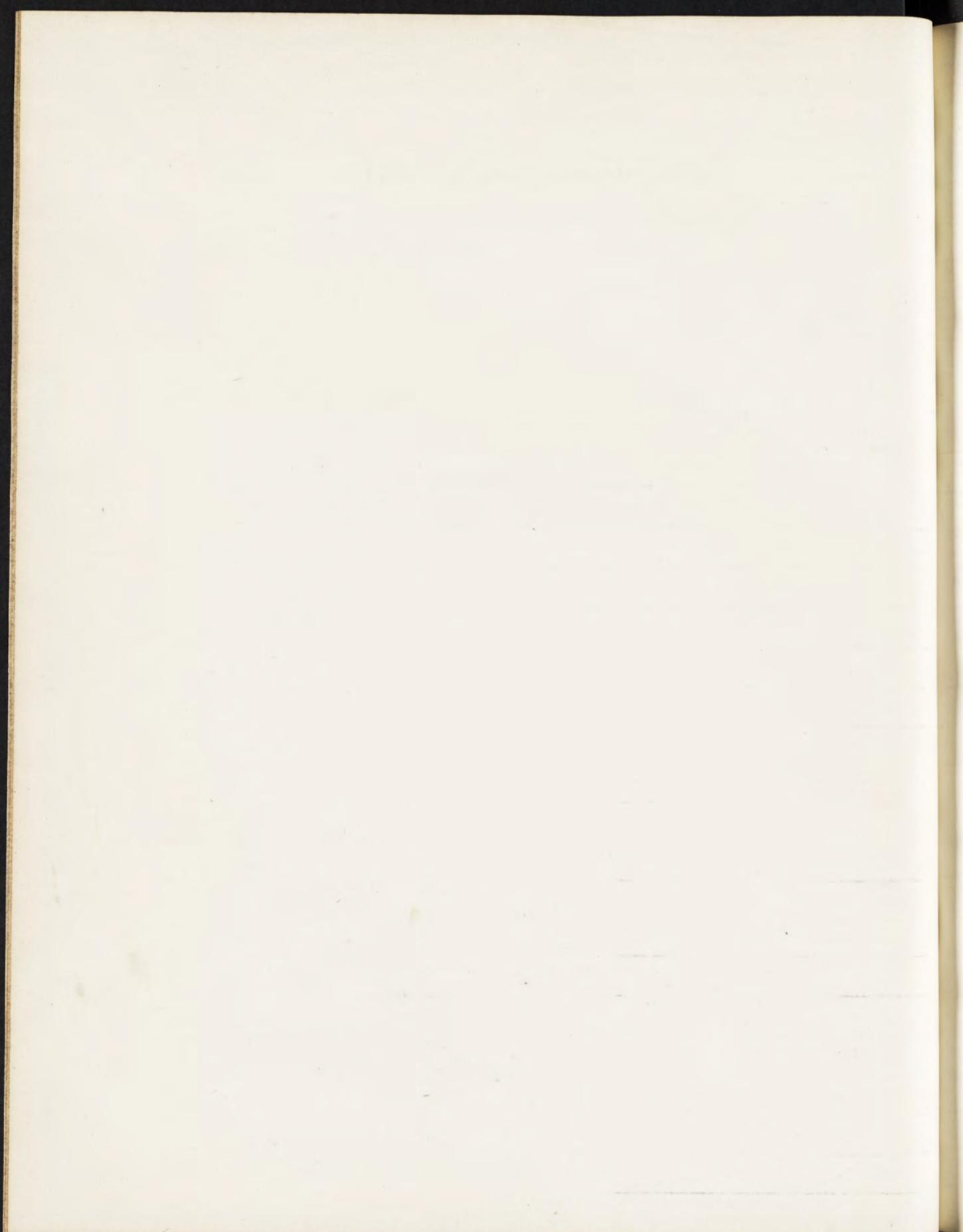


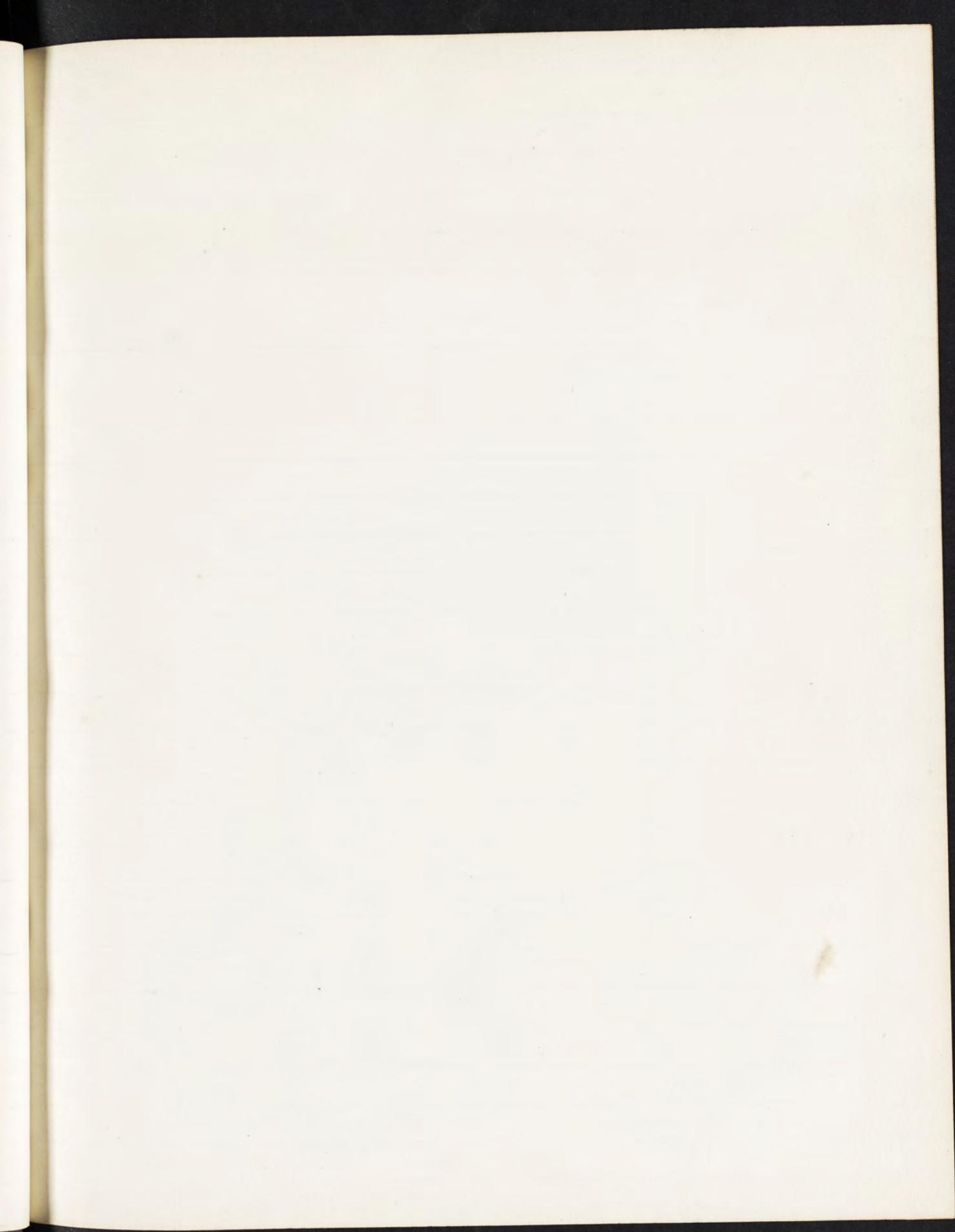






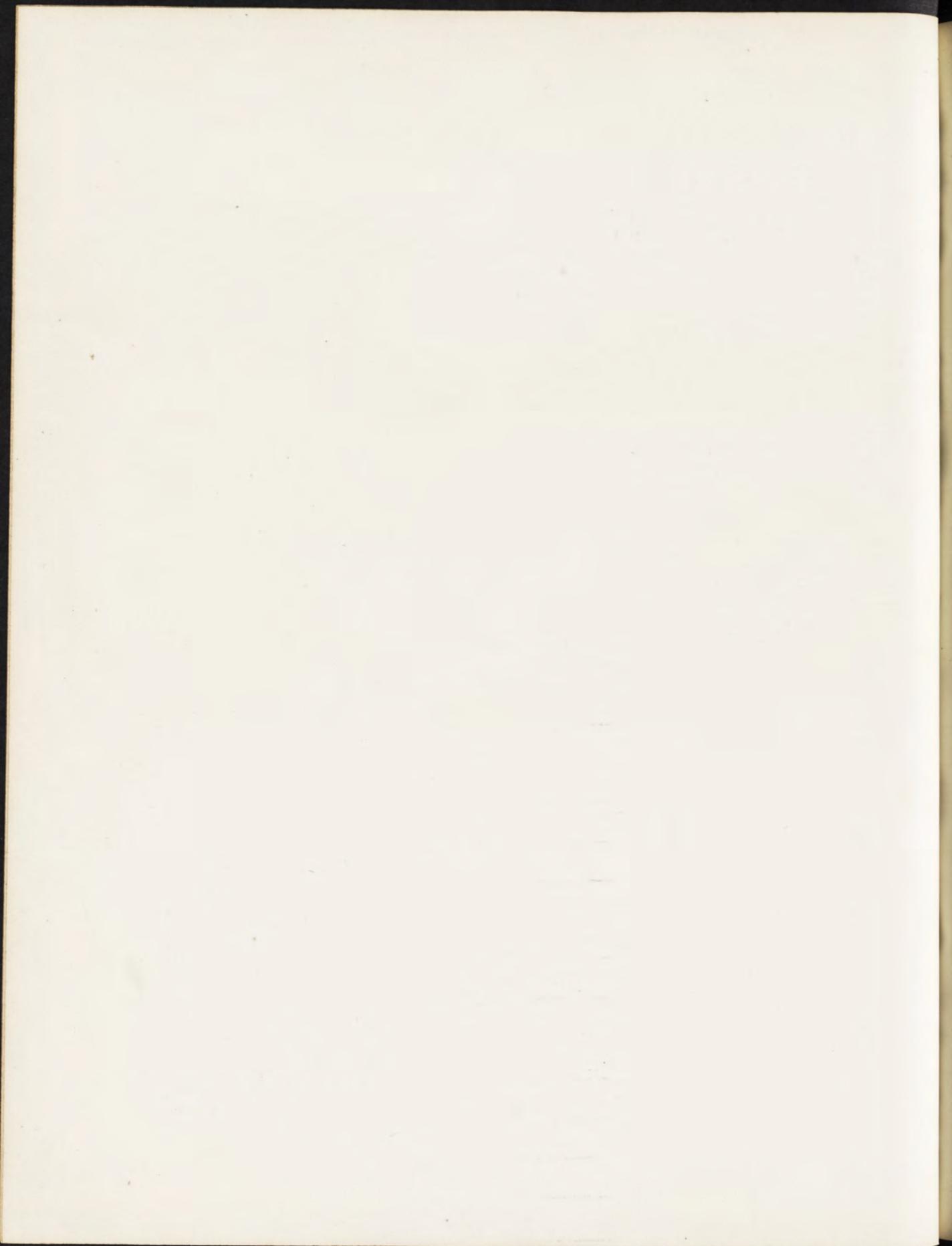


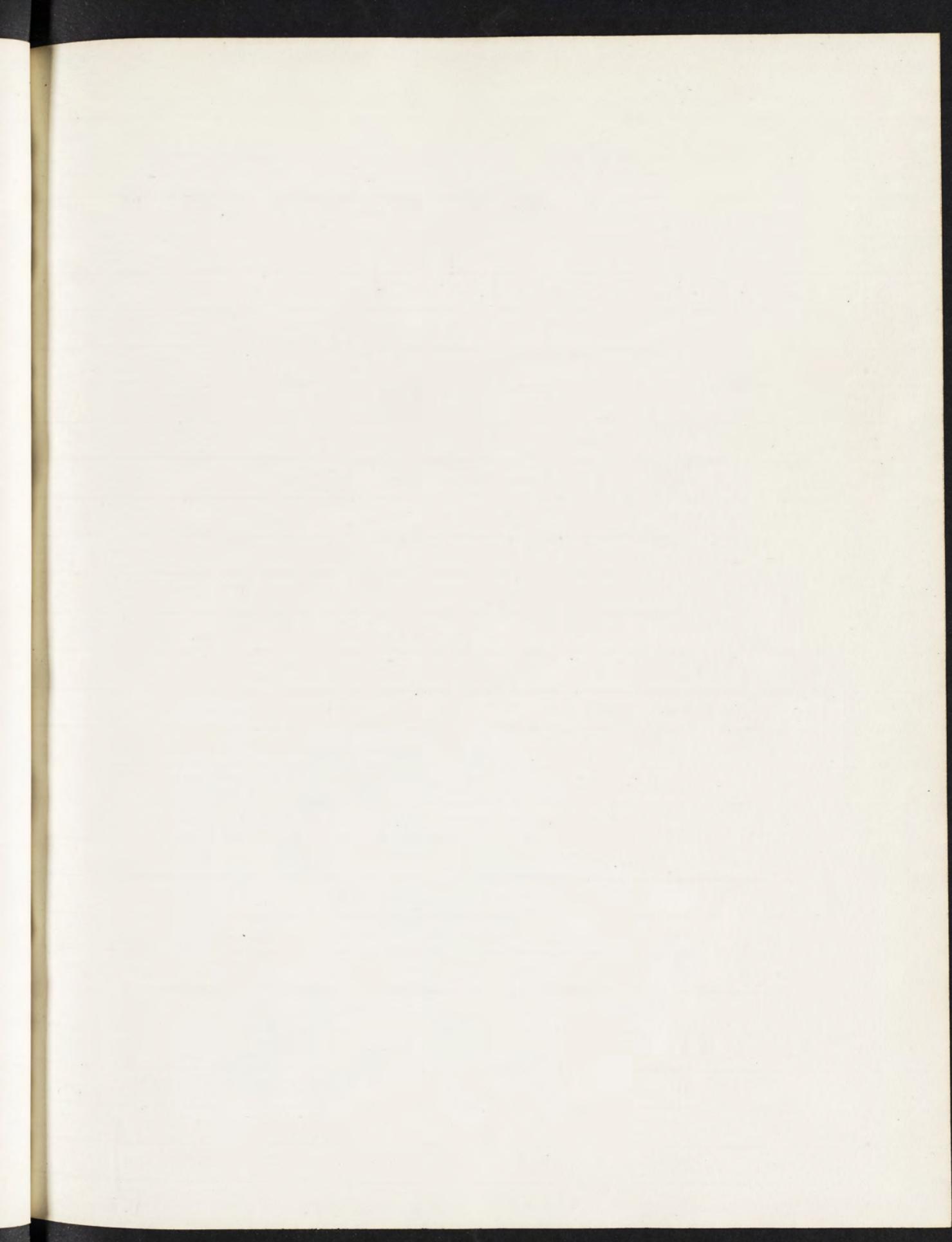


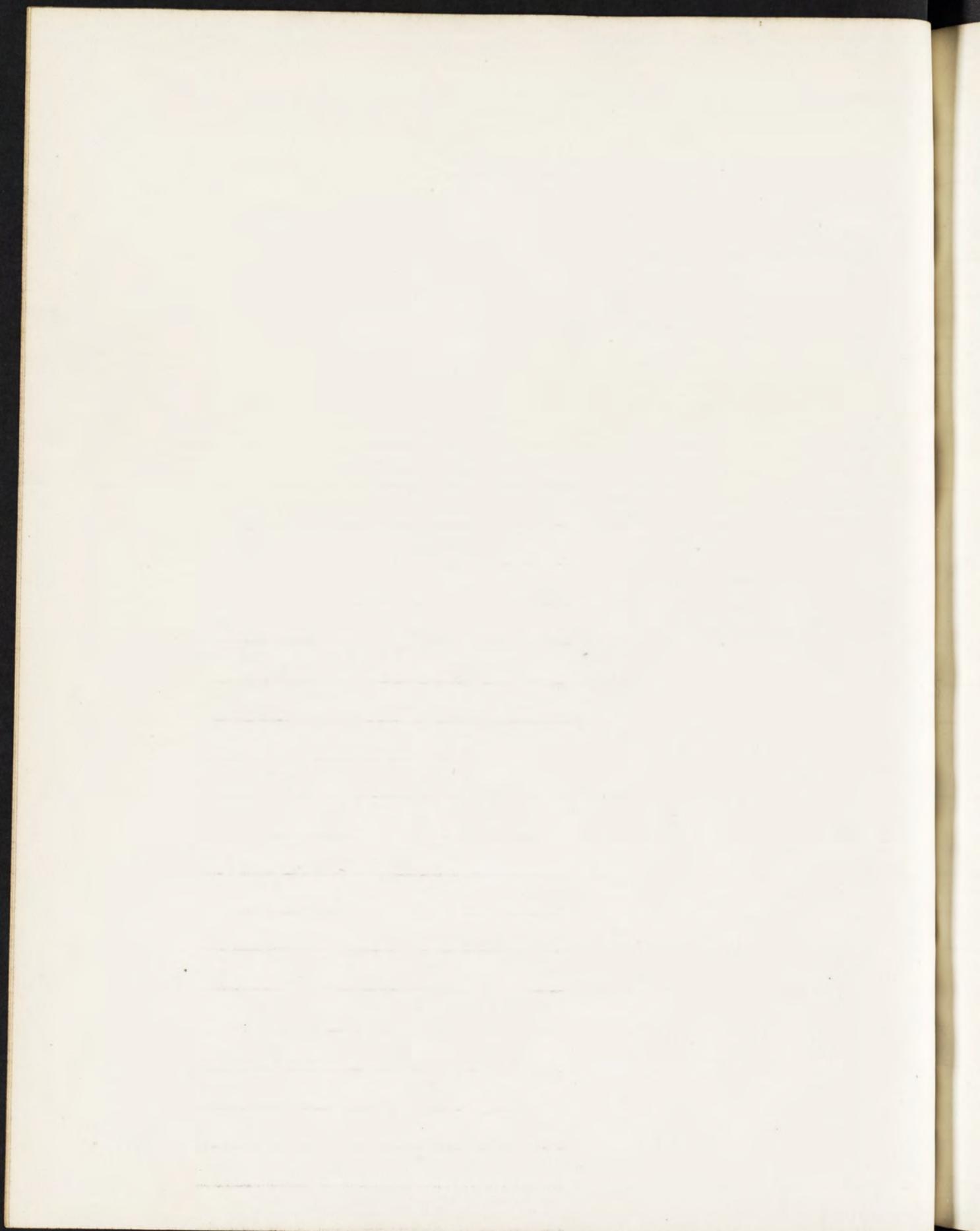












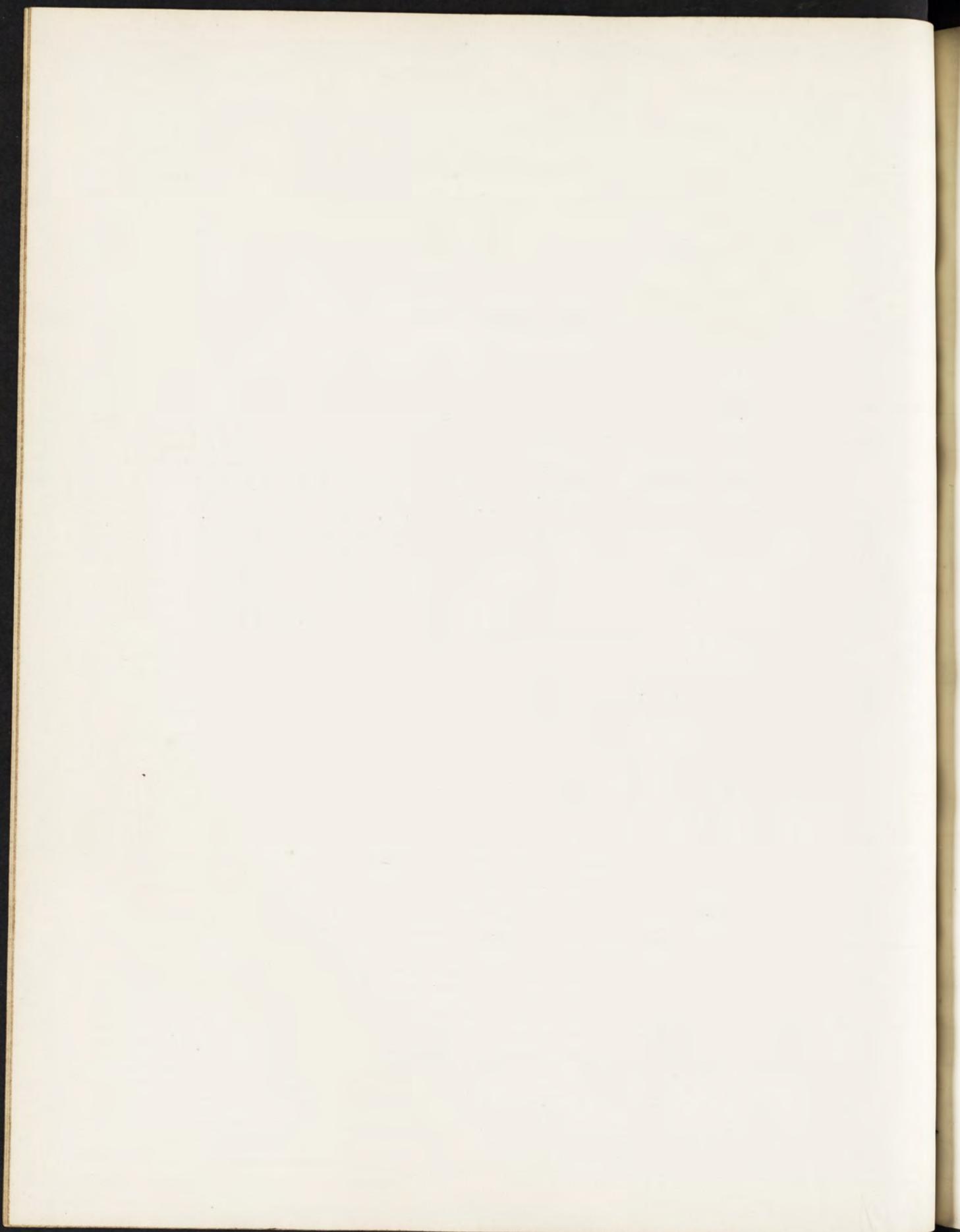








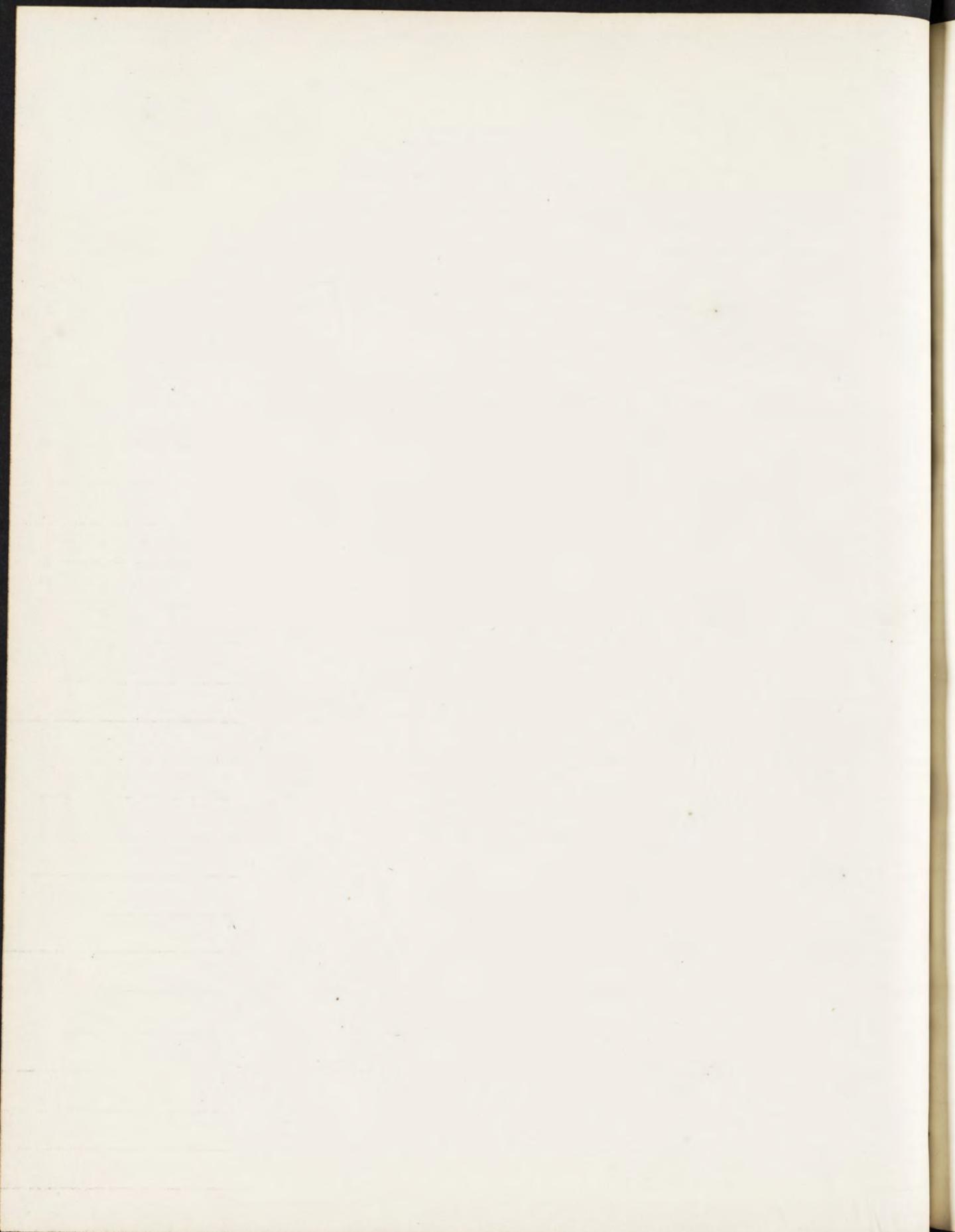








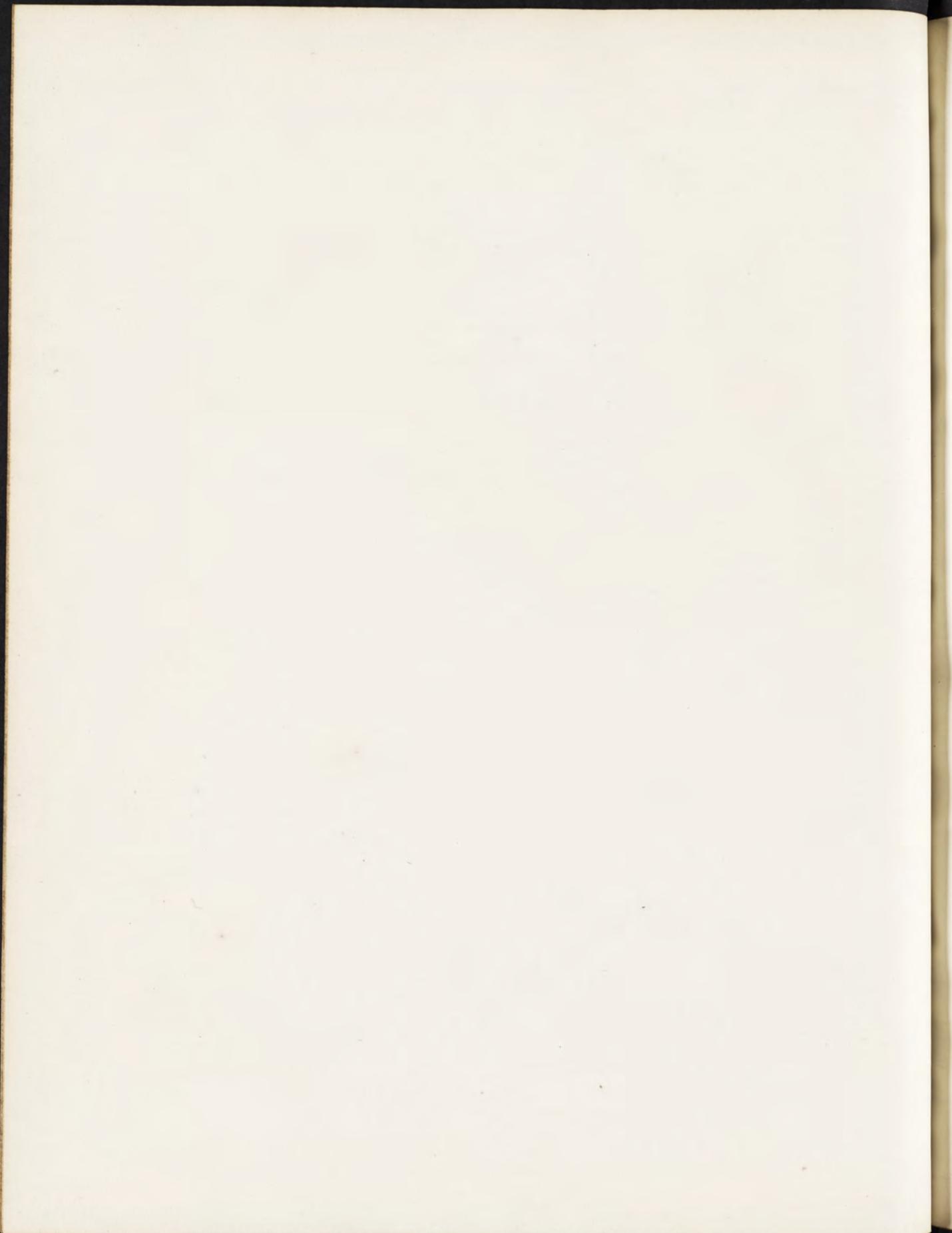




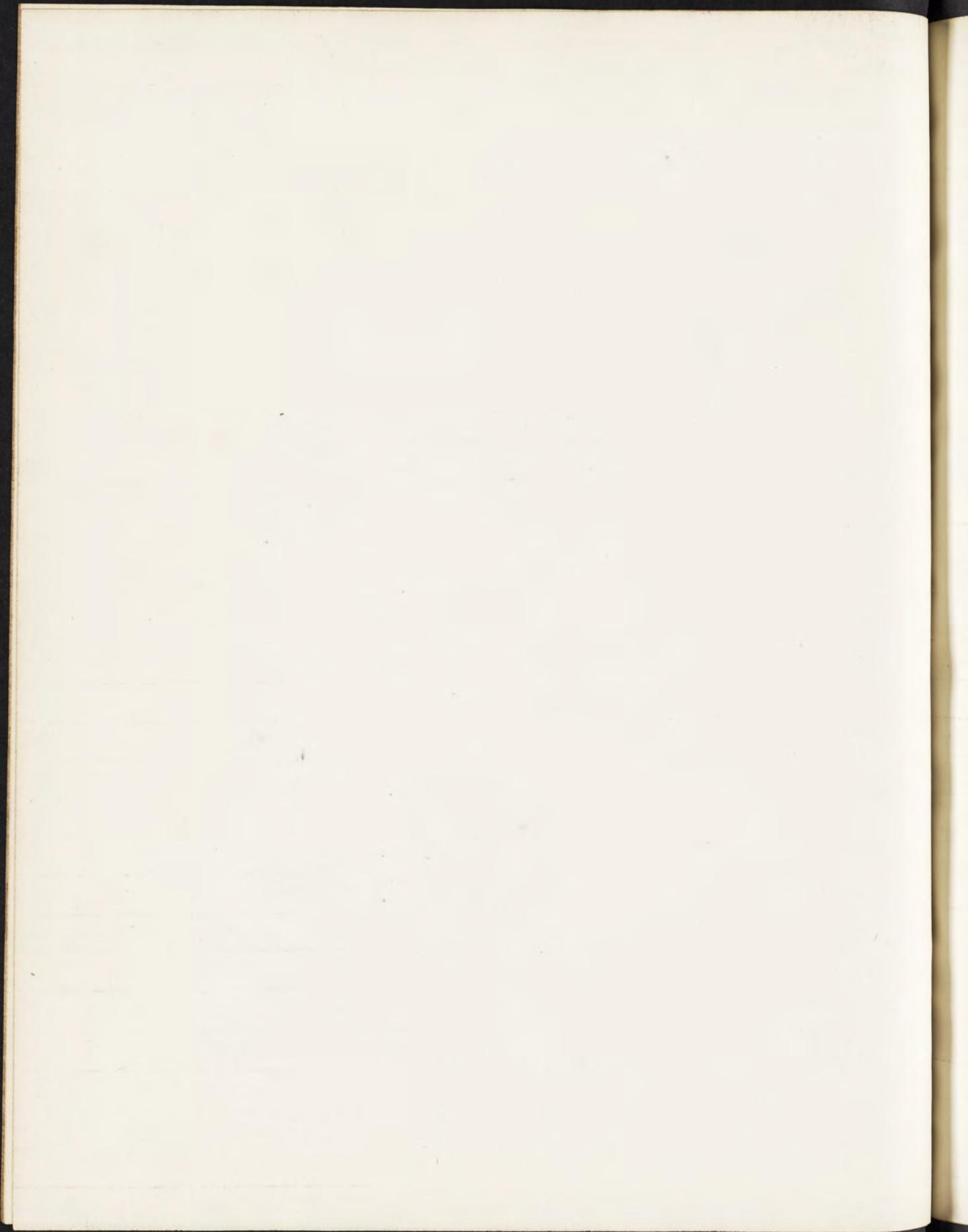


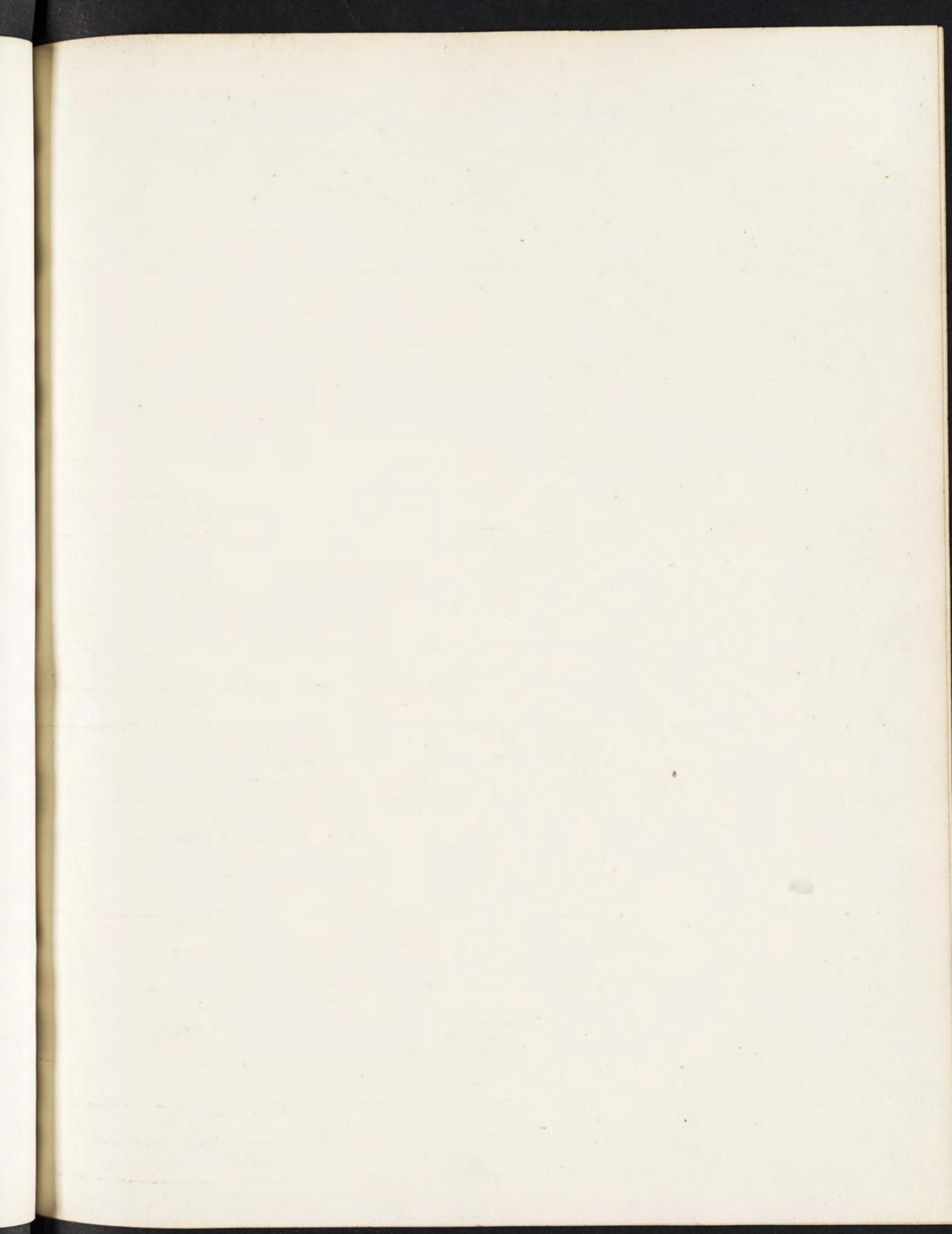






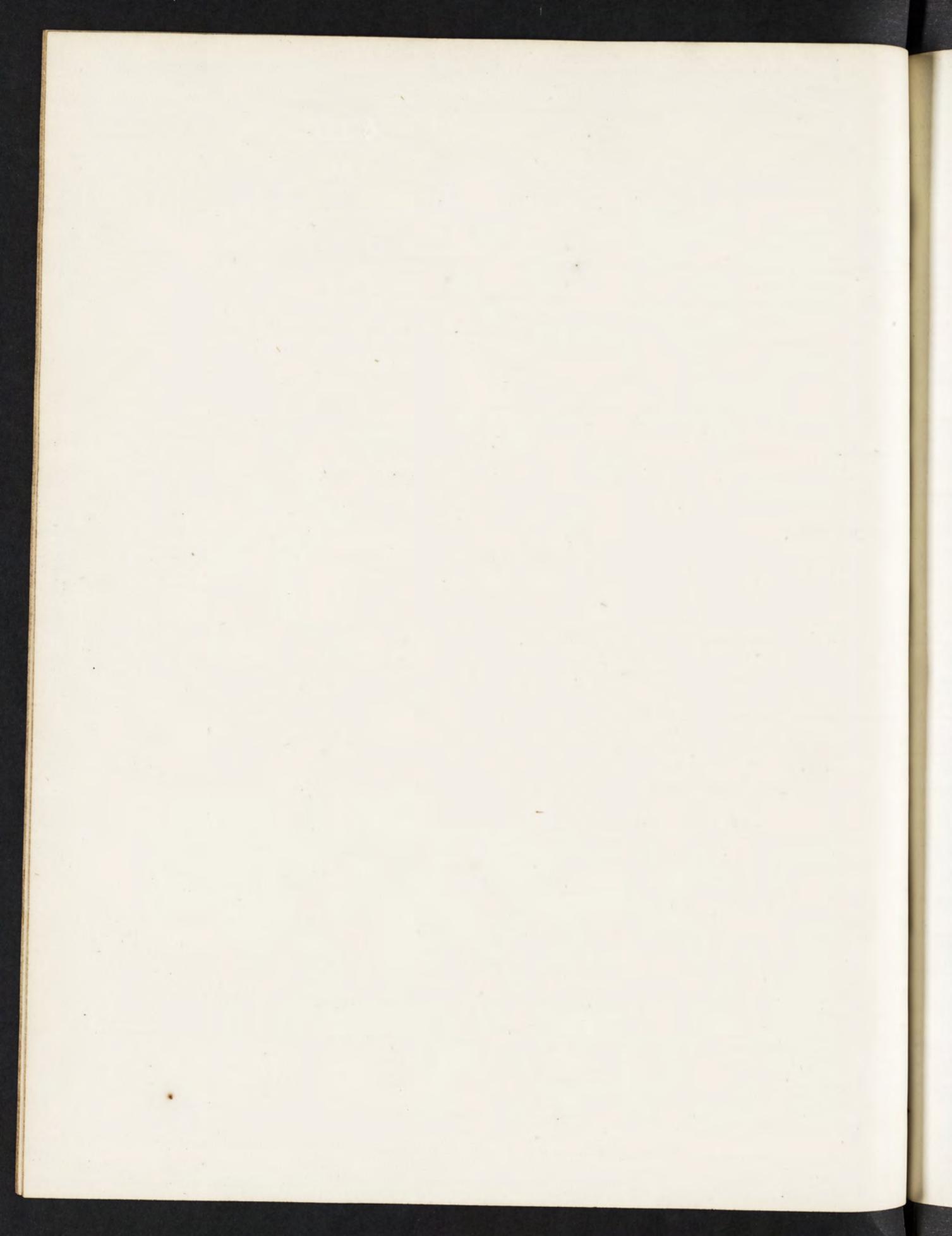


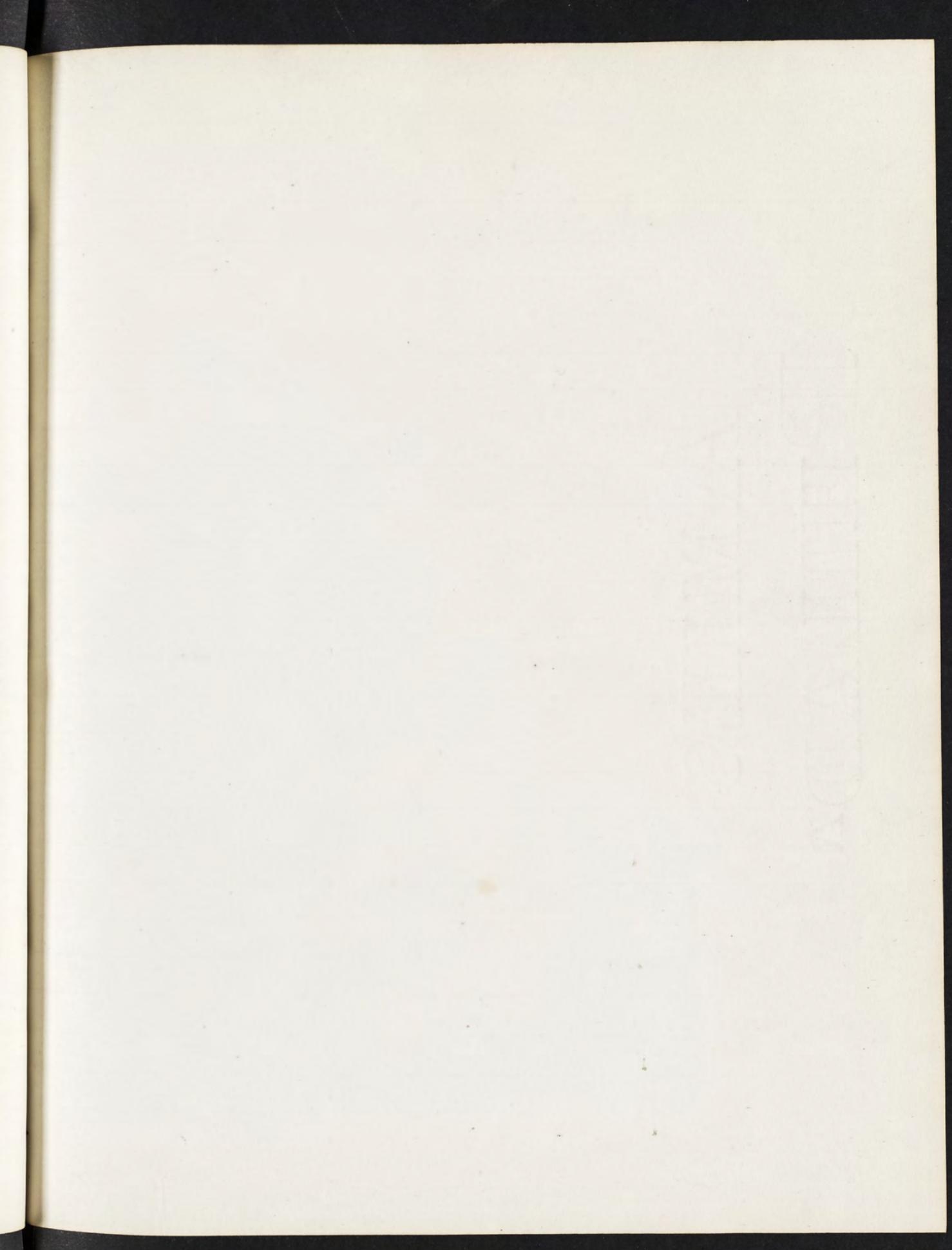


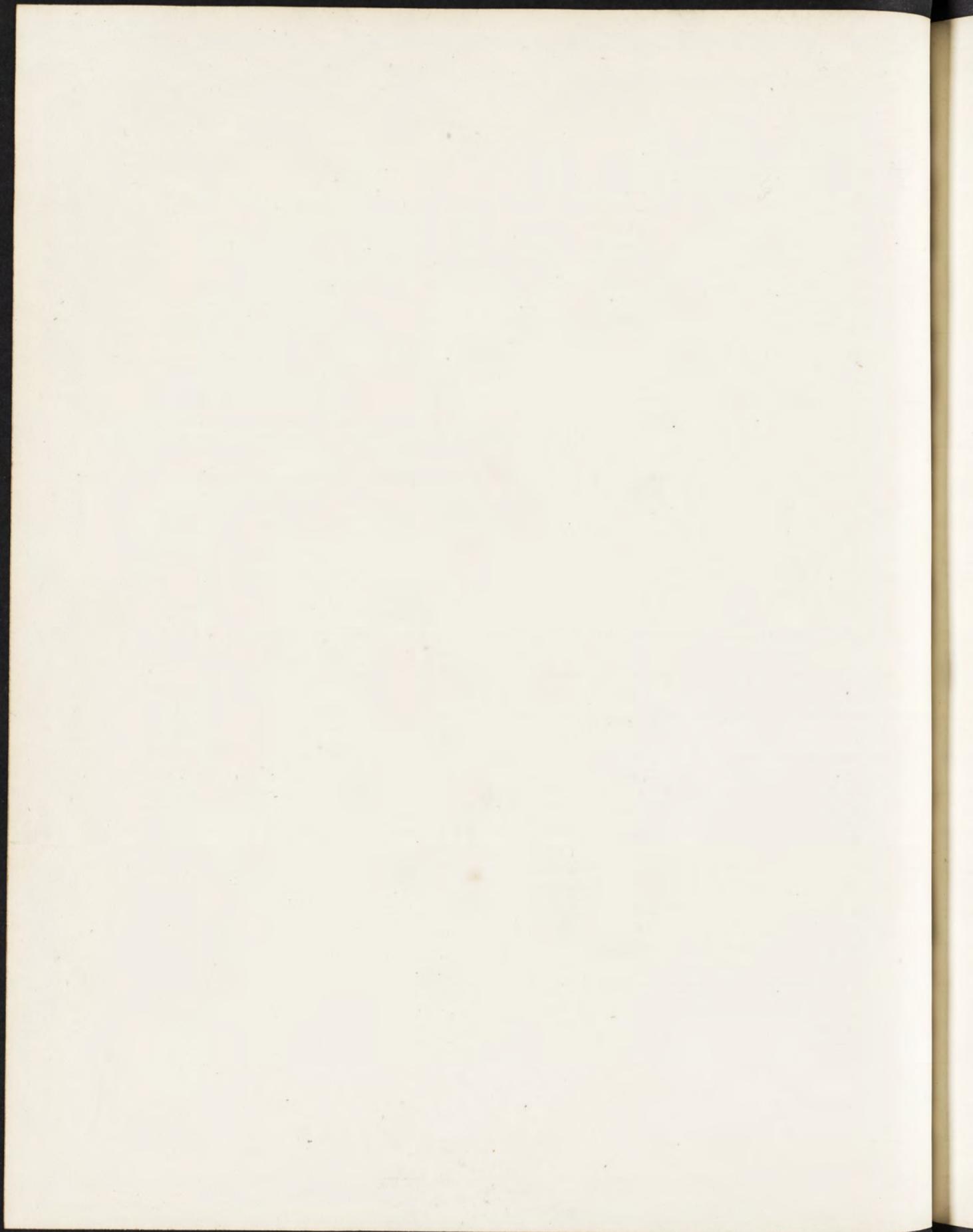


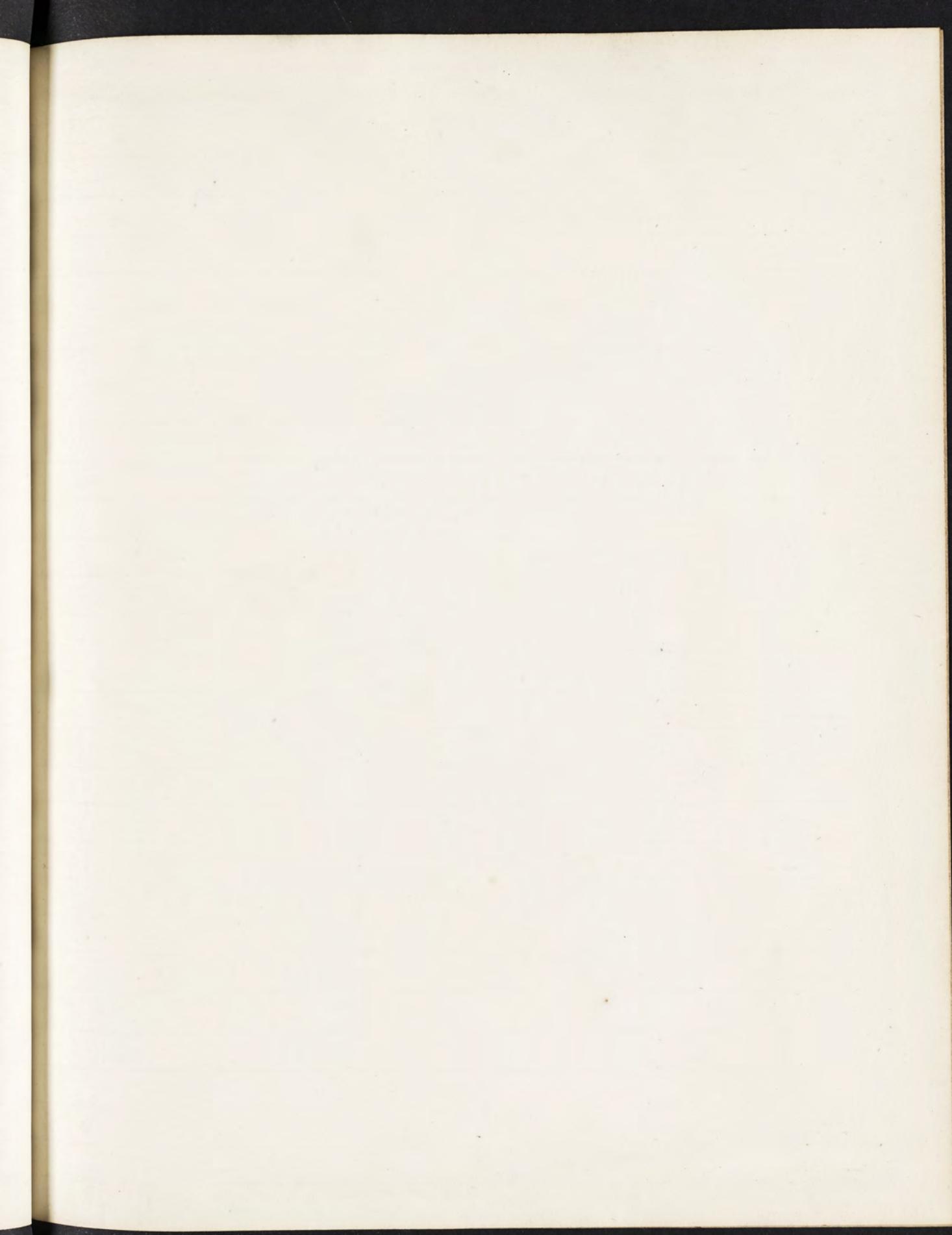


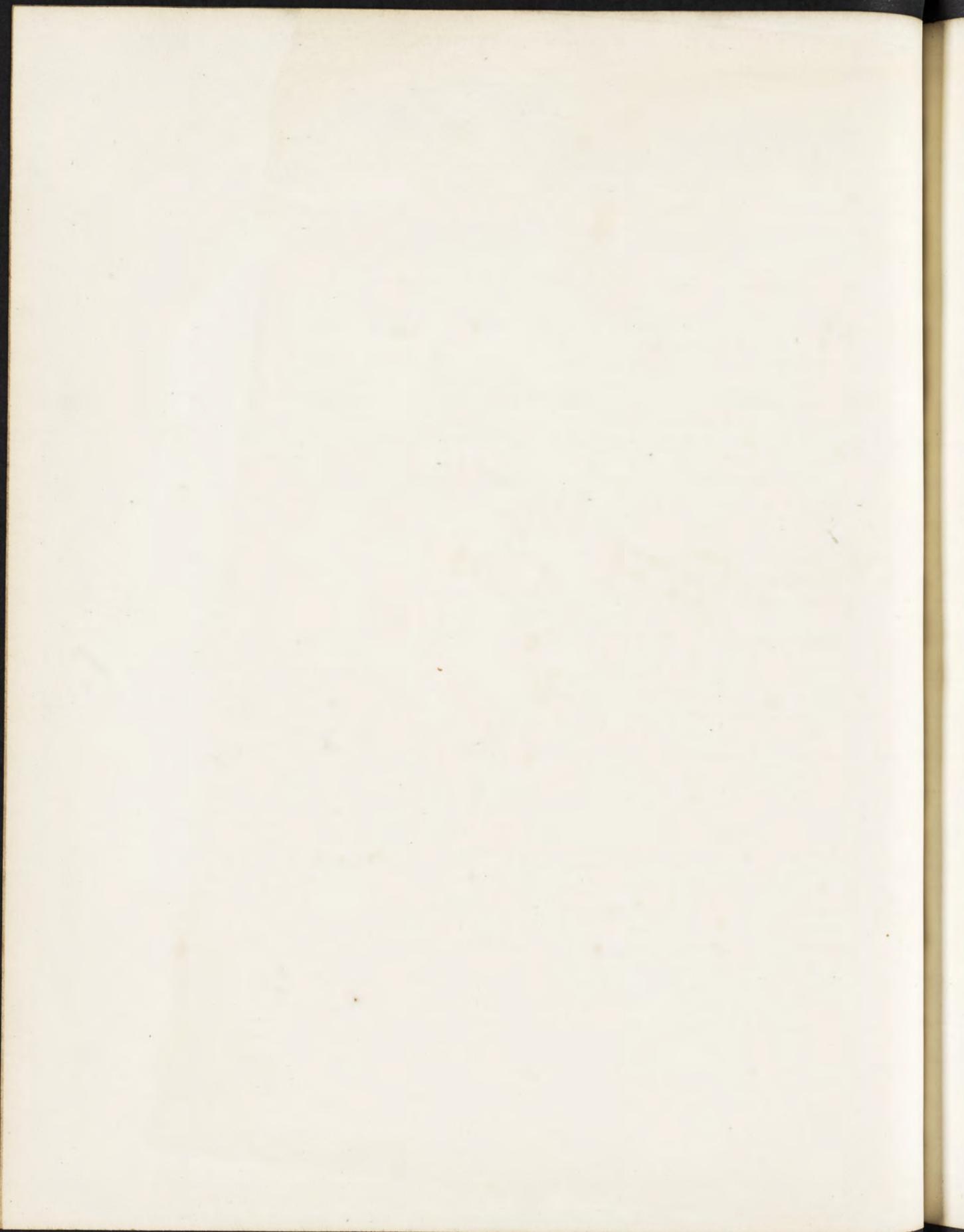


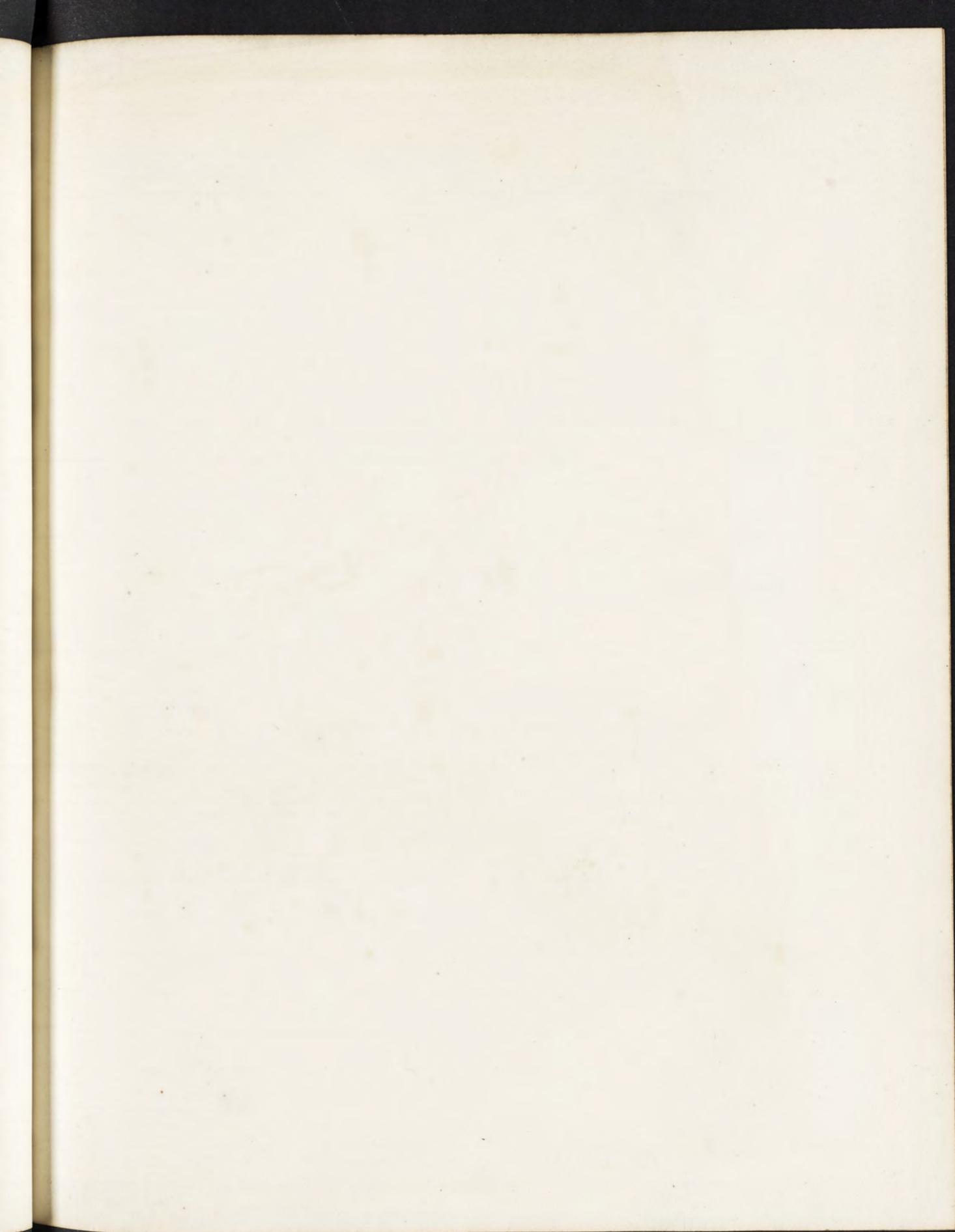




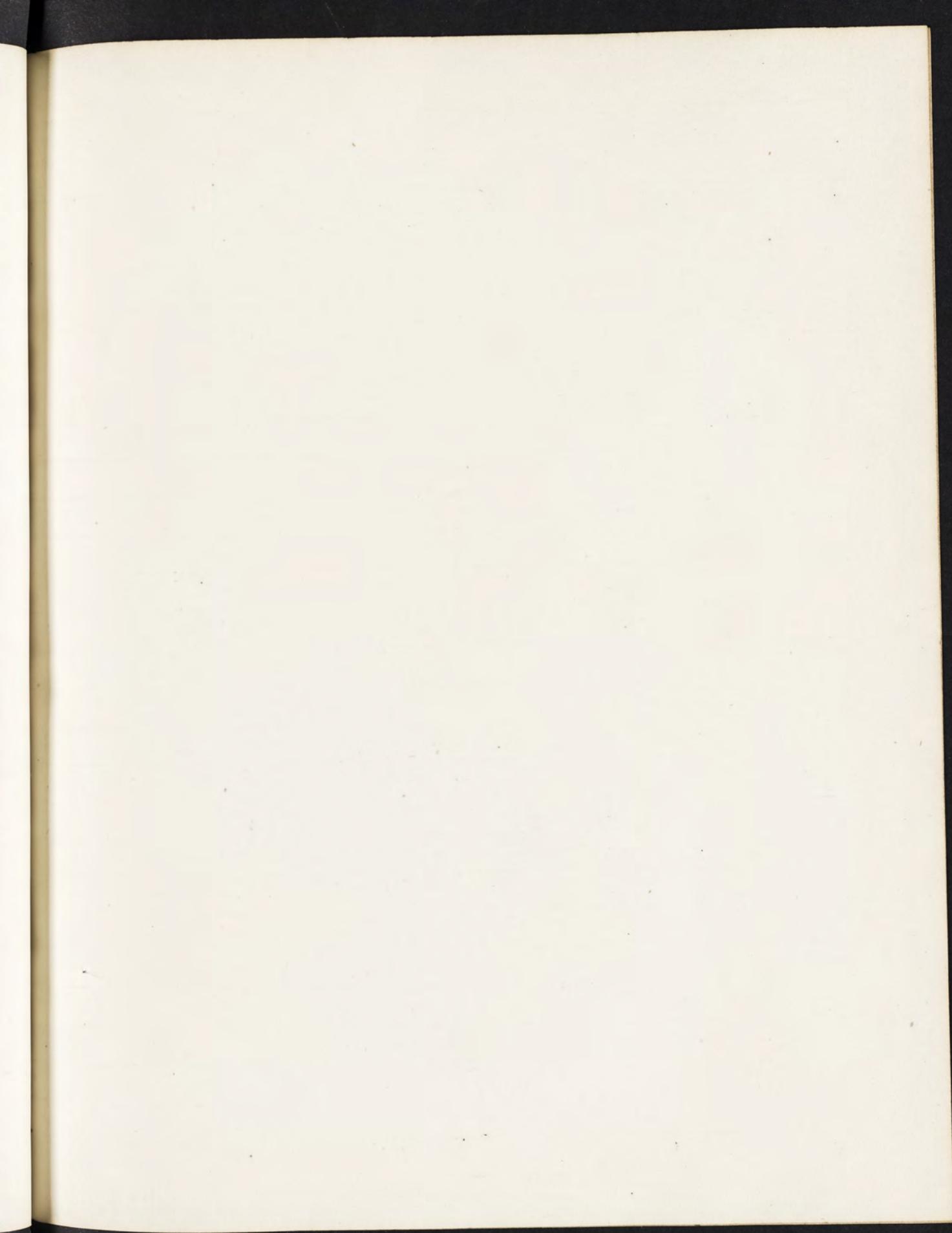


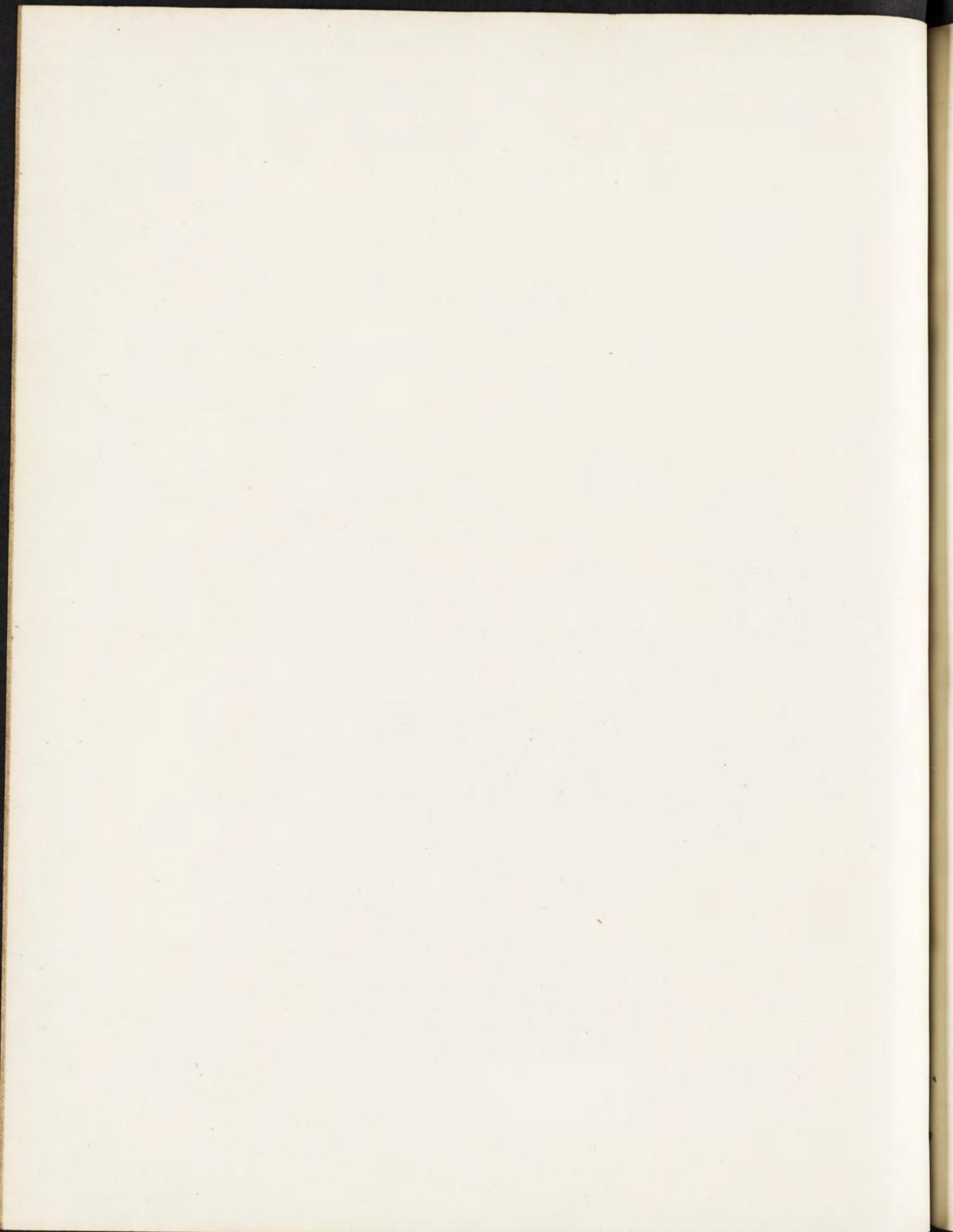






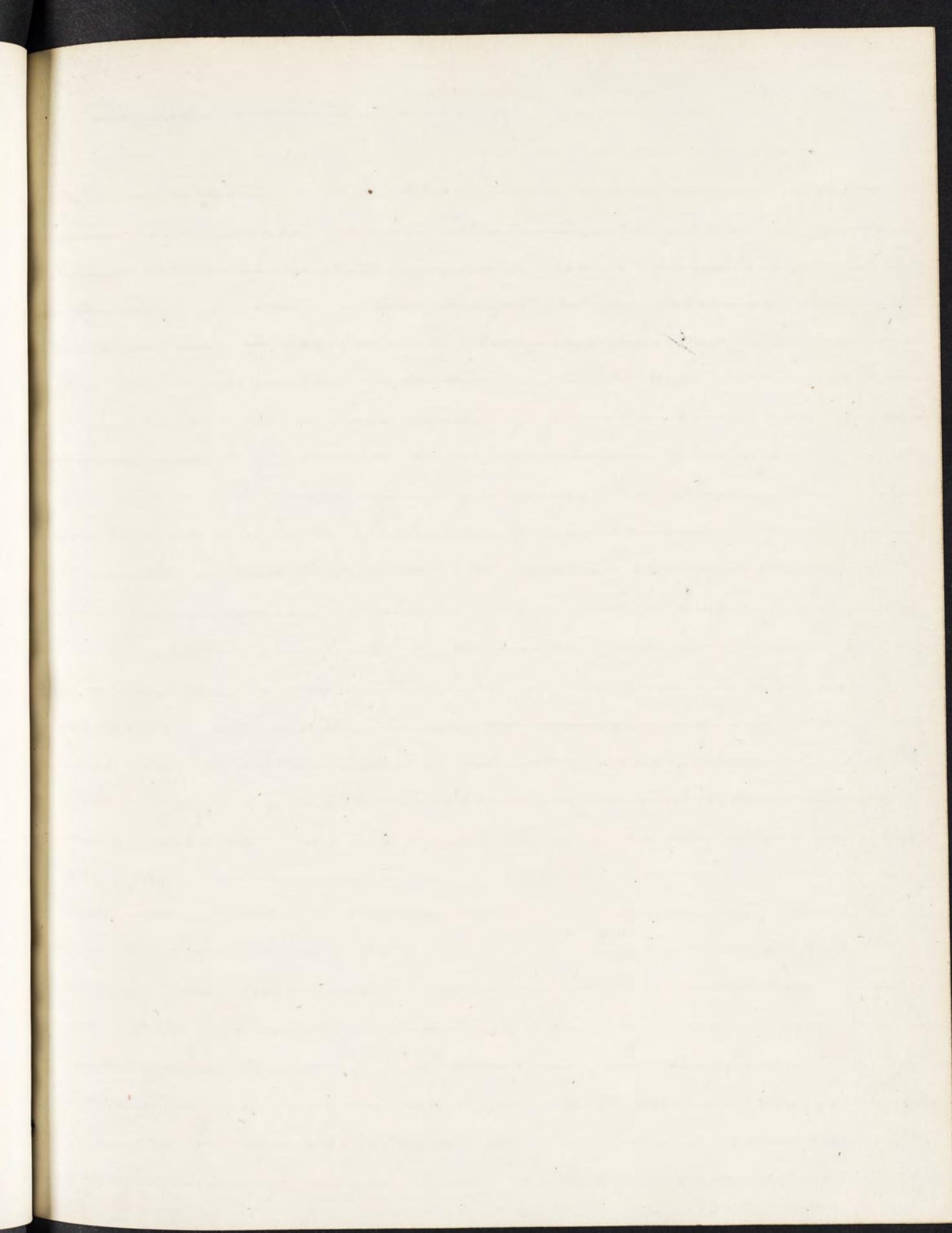












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Case of Lime Cases -

Mr. Robinson aged 28 - of nervous bilious temperament
dark skin - natural weight 150 - dark
hair & skin - came under my observation June 30th
1849. He described his symptoms as follows - Great
restlessness & irritability, nervous tremors, flushing of
the face, paleness of head with loss of vision alternating
with or succeeded by prostration & faintness -
dissolution of limb with sudden tottering of gait &
a transient feeling of failing. At times, almost
unable to control himself & an impulsive inclination
to rush from the room or house ^{hurriedly} & get into the open
air, variability in his appetite with unceasing
feeling in pit of stomach which is much
attended by flatulence the discharge of which
relief is afforded. Pain & weakness in the loins &
pain or constriction of chest attended at times
with palpitation. These symptoms are not in-
cessant but recur partially or wholly several times
in the 24 hours - He states that after much and
ick & mortal fatigue in his business he was
first attacked two months ago since which
time he has been going down hill & has lost
20 or 30 pounds of flesh. During previous life enjoyed
good health. - I found his tongue slightly
furred - pulse 75 - skin cool & moist, hands drops
and to be exasperated & the urine passed in
the morning deep red, with a copious abundance

of flocculose deposit, acid bltinus paper -
It was found to contain a great quantity of
oxalate of lime, with sulphur and mucus soon
to interfere with the papette when manipulating -
In connection with the micro-punctate apparatus -
complaints of soreness after running in extra -
t states that seminal emissions are weakly with
wind. Various treatment has been pursued by others,
Indeed 5 drops of citric acid in liquor jujuba -
Scyphularia three times daily & to regulate bowels -
and quiet nervous system Aspergillus also & this
Engined as mucus cast exposito. See simple Remd.
July 4th Less nervousness & irritability, bowels open
more daily, tongue cleaned, more appetite but an
unusually flatulence, urine passed in the
afternoon previously of a deep steam colour
^{straw colored} loaded with ^{oxalate in my infusaria} deposit of mucus & large & small
cystoids of Scyphularia triple phosphate, & other due
acid bltinus paper Contine treatment as before, and food
at shorter intervals. Eng. Bignon & bark. -
July 7th Feels better, wind shiry wind alone
passed in the morning, slightly turbid, having
an odour marked of Scyphularia, but modified
by nitric acid extract from slight effervescence
very acid bltinus paper, oxalate of lime in large cry-
stals less abundant, some epithelial scales, round &
irregular & of the undulated form. Upon standing -
less decided deposit from the disintegration also
of the mucus.

July 9 - Patient states he feels better but very weak
this morning - Deep shiny colored - a little
cloudy - exhibits on standing a few exfoliates of fine
crystals of medium size - not cleaned by heat, but
the cloudiness dissipated by strong acetic acid which
precipitates the mucus in sheets. When the pi-
pette is taken from the bottle in which contained
a glairy adherent filament of mucus follows the
point.

The patient took a sea voyage to Boston and
was much better, when on landing he was
attacked with some derangement of his sto-
mach with fever & turned him in apprehension,
for this he was placed upon mild purgatives -
and aperients under which he recovered
July 30th free from sickness, tongue clean, skin
good pulse natural 76-80. Complains simply of
debility, urine passed at 8 a.m. 4 fls. 30z - Clean
of a deep shiny color, at 12.00 on standing -
had before a light flocculose deposit.
Oven windows, Sp 1.02, Inspector .81° acid to litmus
The mucilage exhibits no exfoliate of lime but epithelial
cells & blood globules, which originate from a slight
mucous hemorrhage following an injection at the vertex
done without advice for some mucous discharge.

The patient went to the sea shore

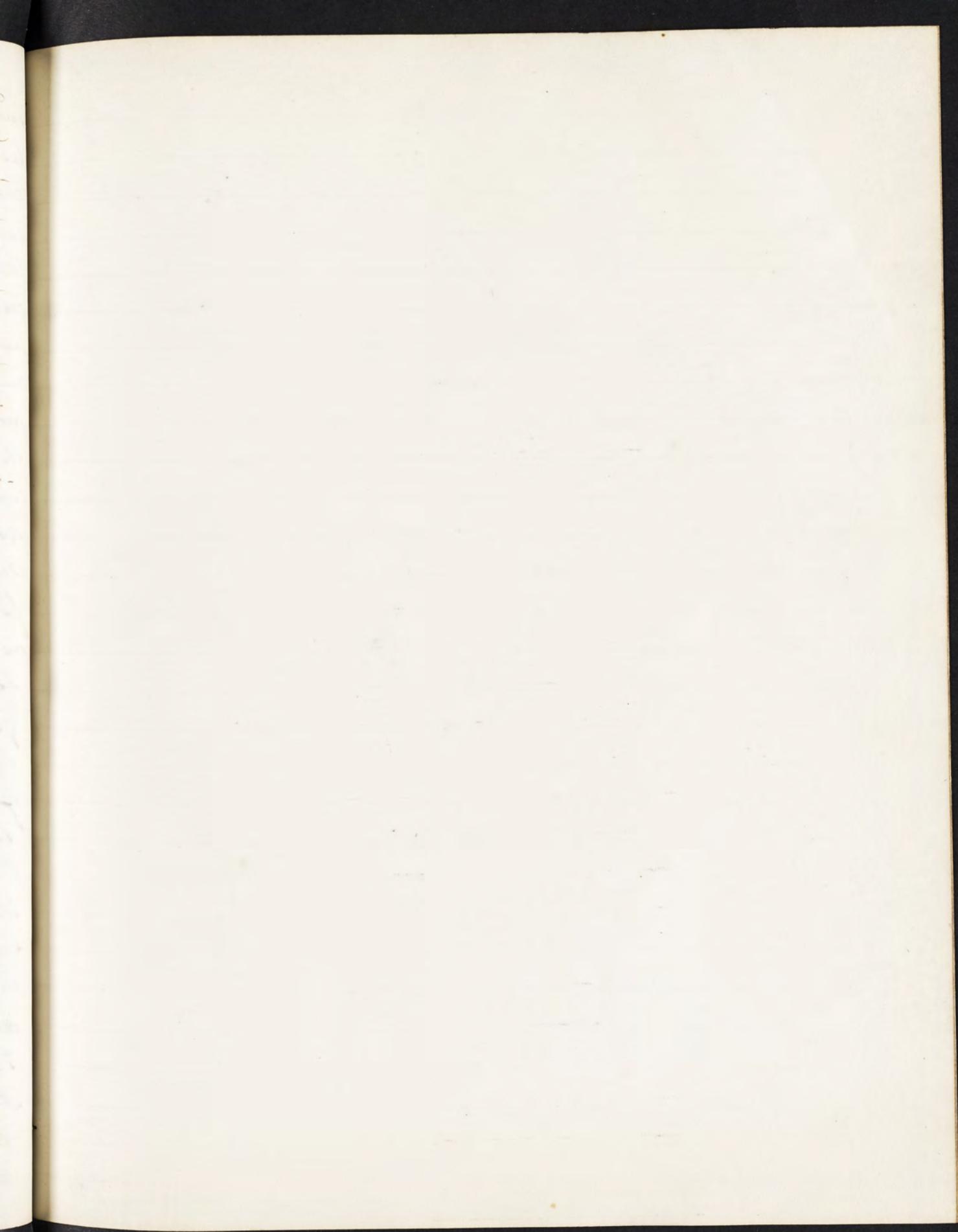
August 29th Retired home yesterday. Symptoms much
accelerated while away - appetite excellent though
better for sometime, but had an attack of diarrhea

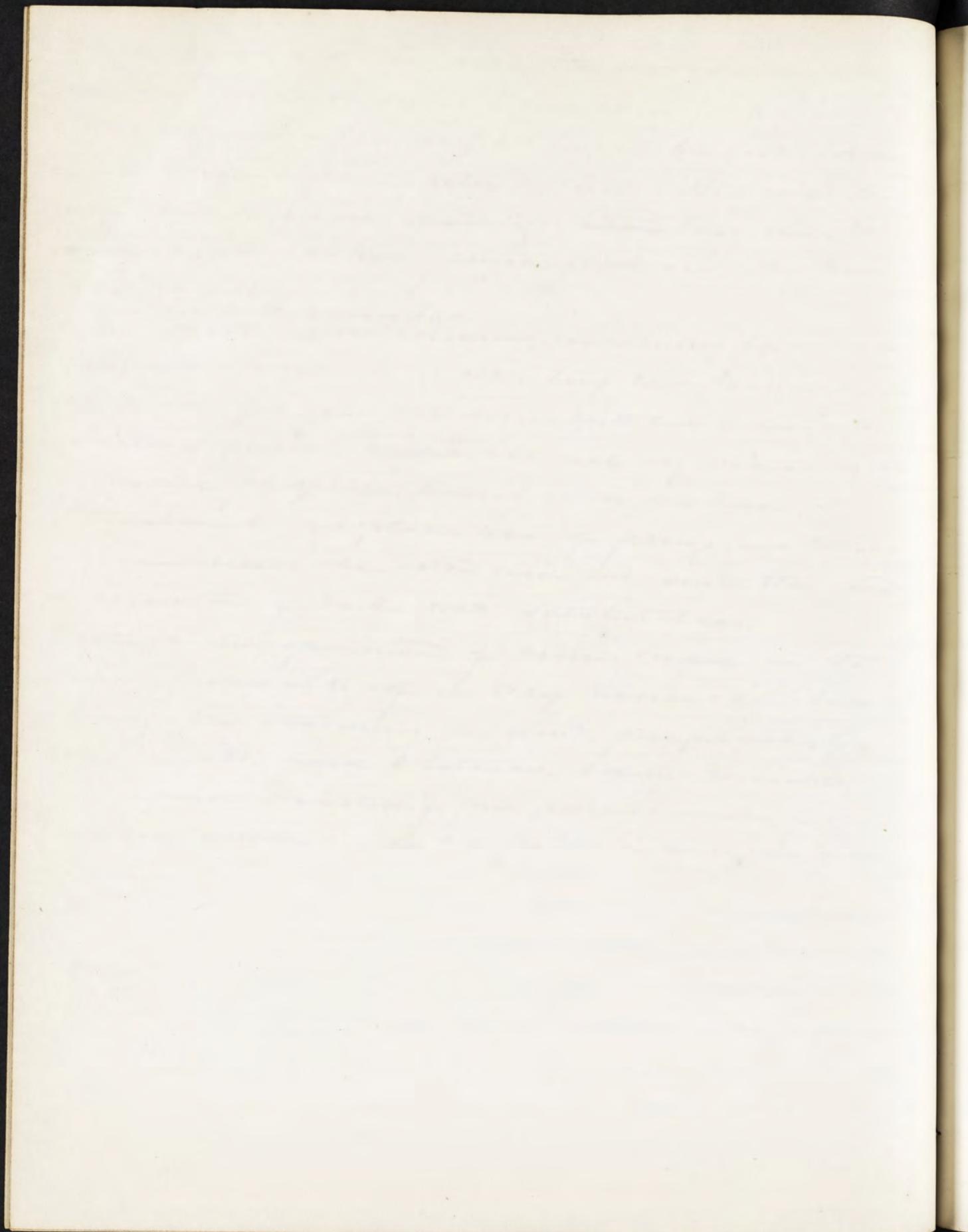
which again reduced him. He now complains of some nervous distress & feeling of numbness in his hands, a little dizziness & tendency to totter in his gait. Tongue clean & tongue regular - pulse natural & skin good. Has had the nocturnal discharge ~~since~~ last seen. The ~~whole~~ whole he has gained flesh & is better than when he left. -

passed in the morning -
wind clear and cold with a standing light cloud presented acid - $\text{Sp gr } 1030$, temp 80. - Examined by the microscope exhibited some epithelial scales & a few globules of ^{charcoal} ~~pericard~~ matter & several very minute crystals of neutral phosphate, having stood two hours.

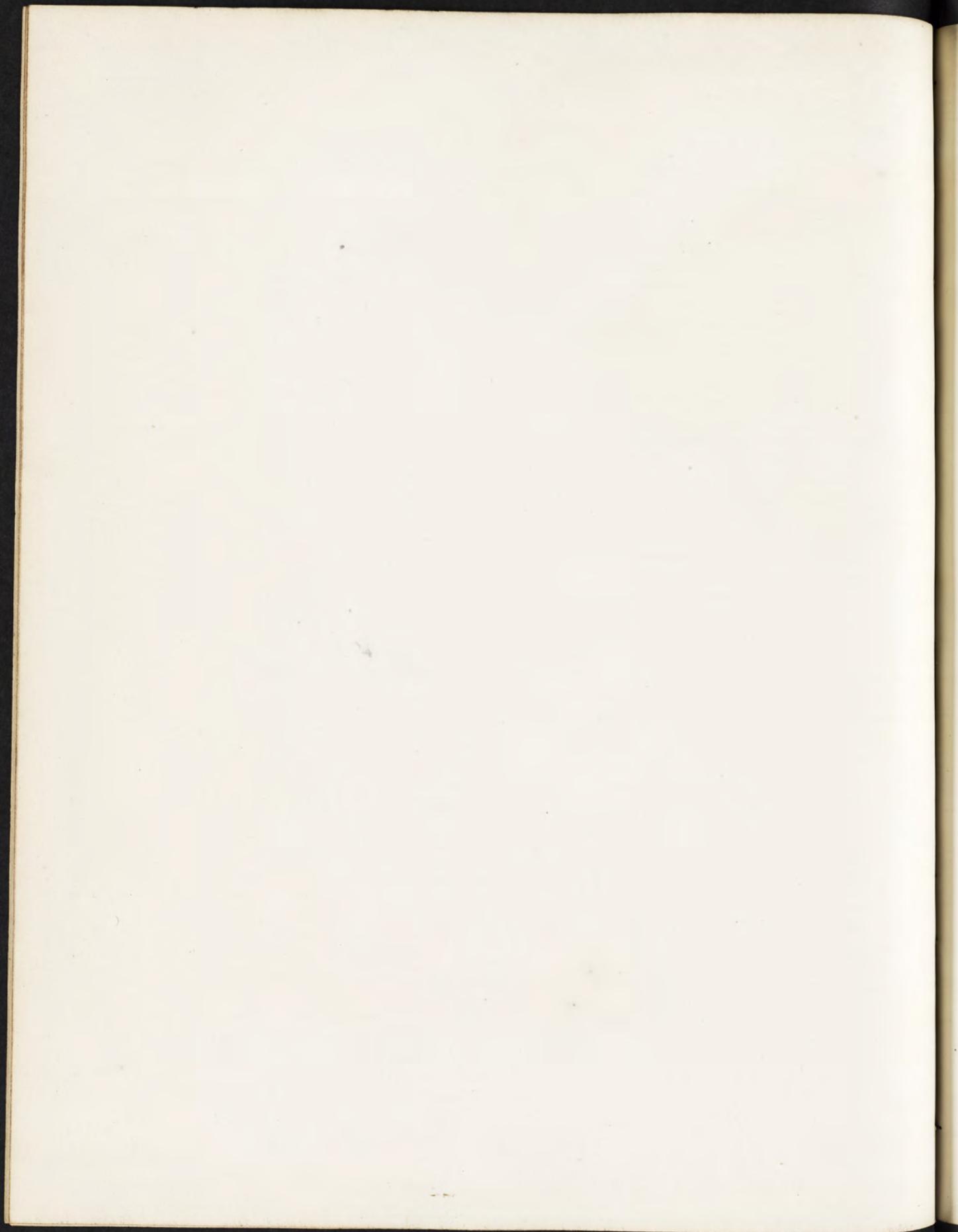
A treatment adopted was of ferruginous baths & good diet. The iron did not suit the case & infusion of bark was substituted.

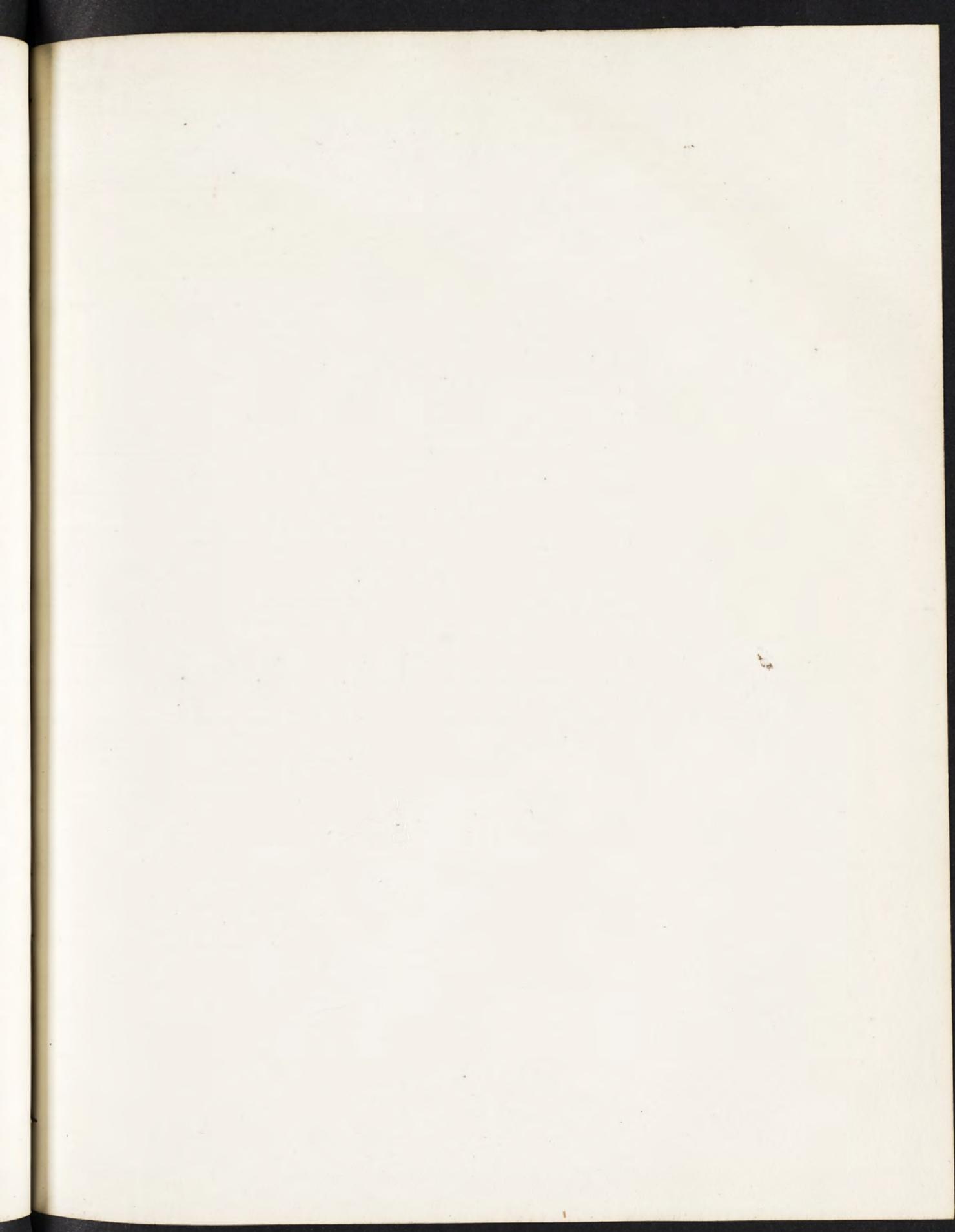
Sept 14 A specimen of wind indeed in the morning was $\text{Sp gr } 8$. - of a deep amber color but cloudy. On standing a cloud precipitated, $\text{Sp gr } 1030$. Temp - 80. Acid blisters. Odor aromatic. The deposit consisted of fine globules & masses of ~~matrices~~ epithelial scales & a few minute crystals of oxalate. -

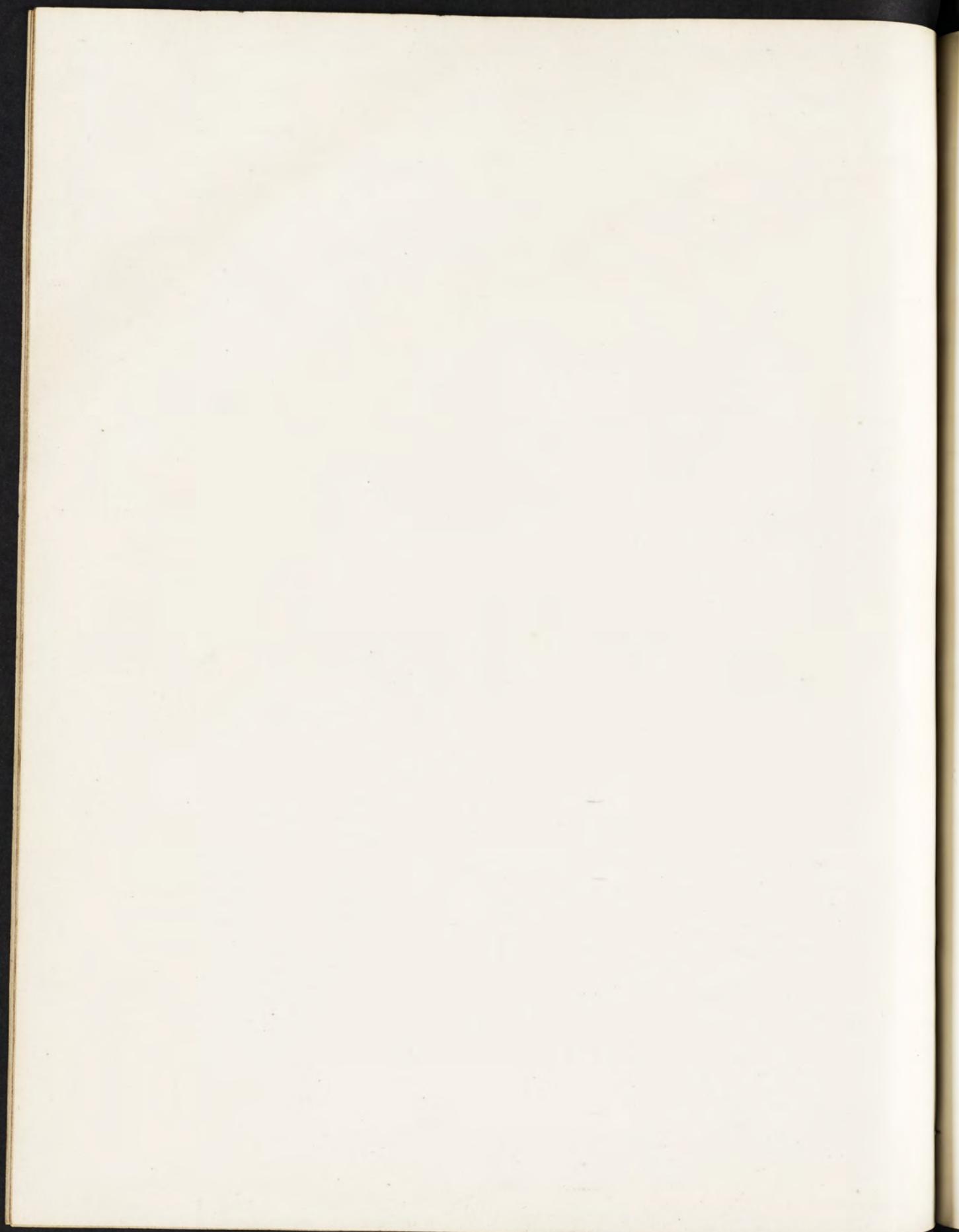


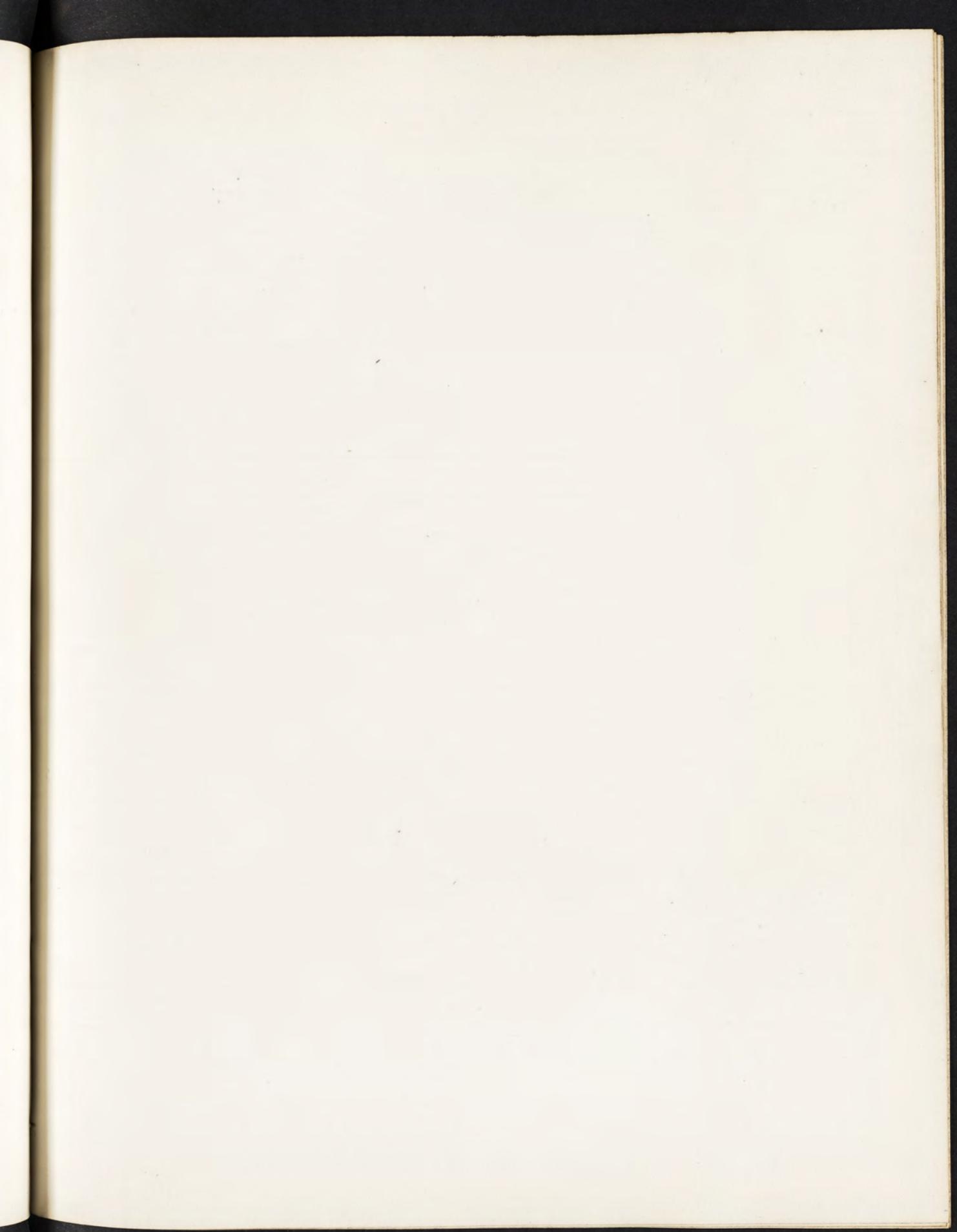




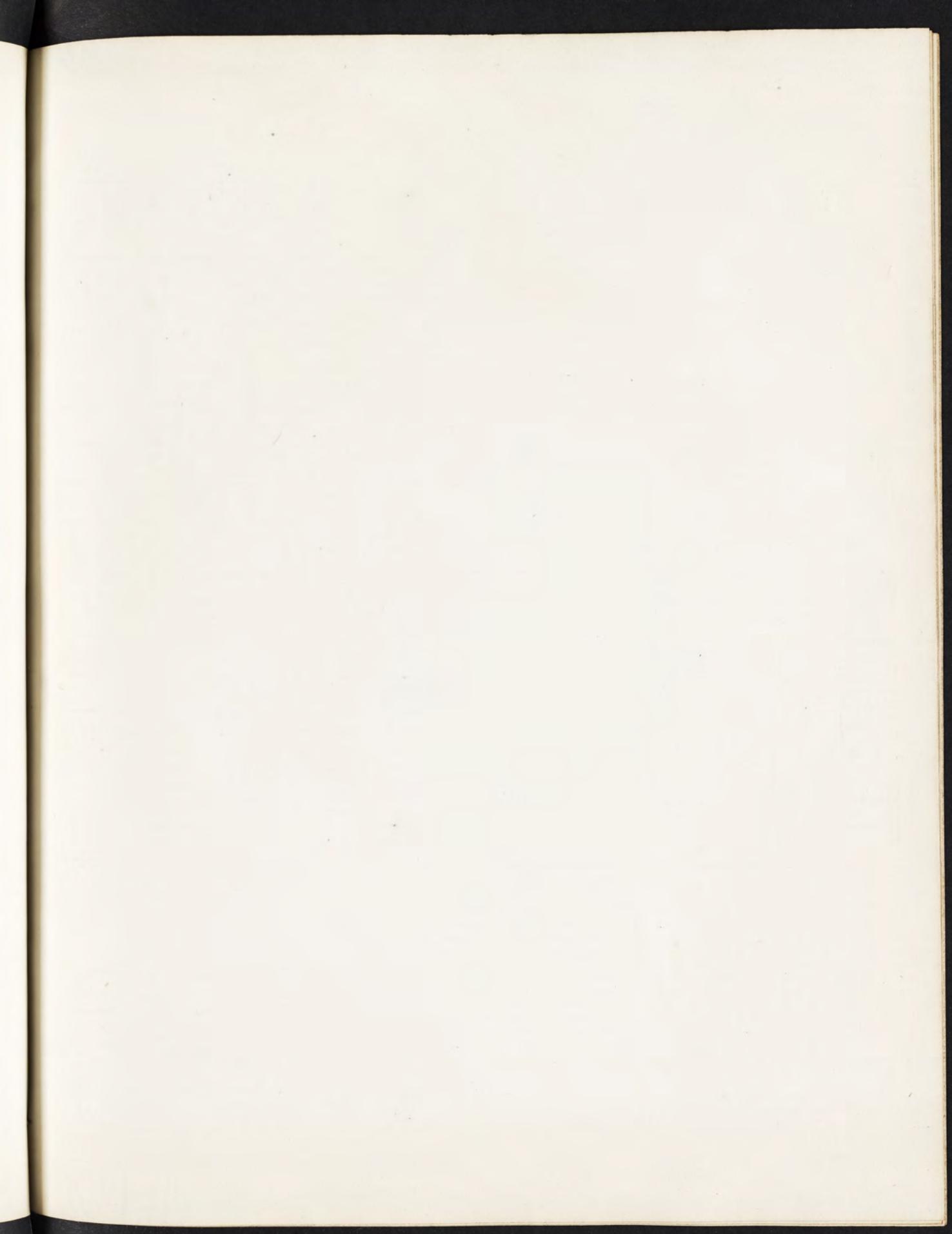




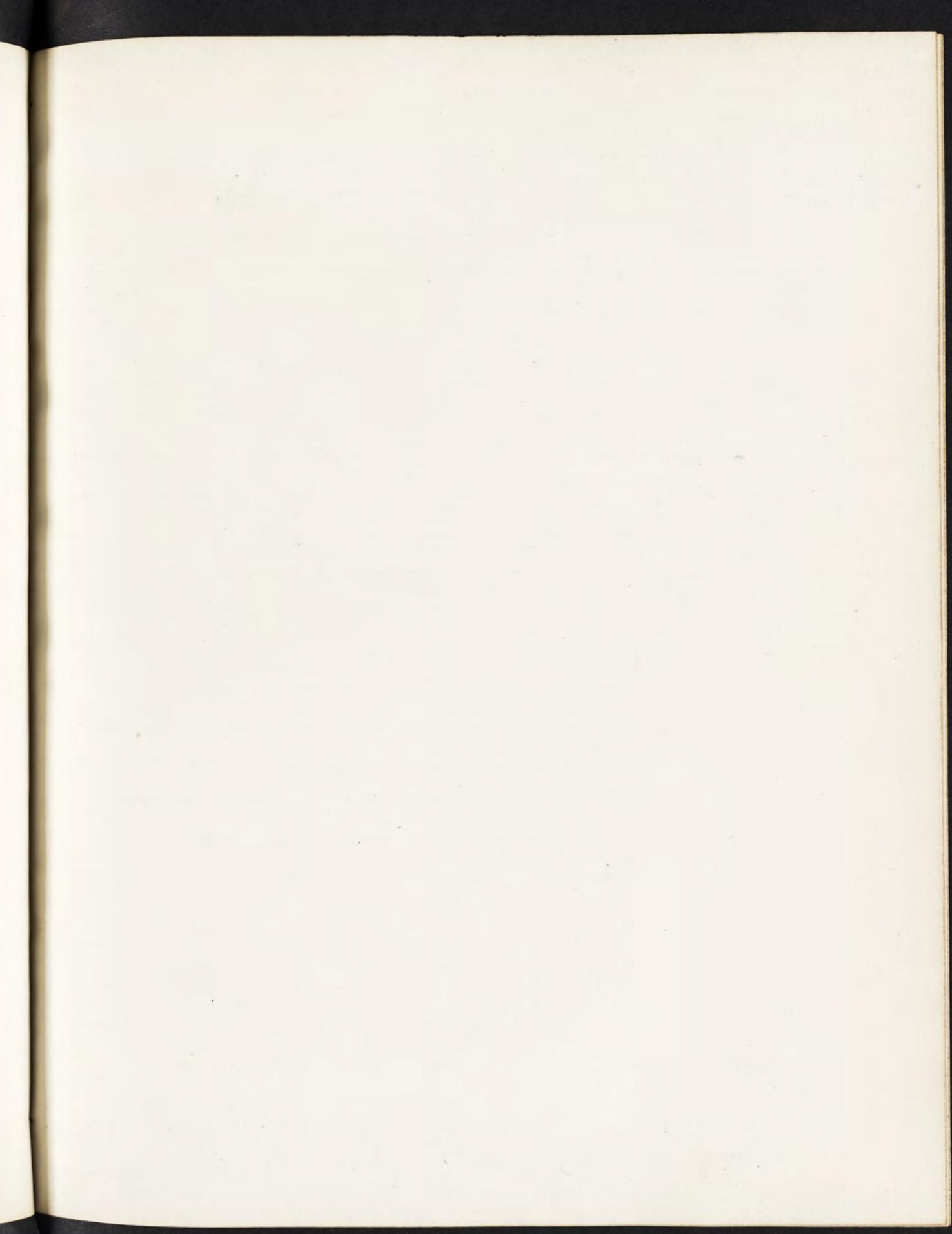




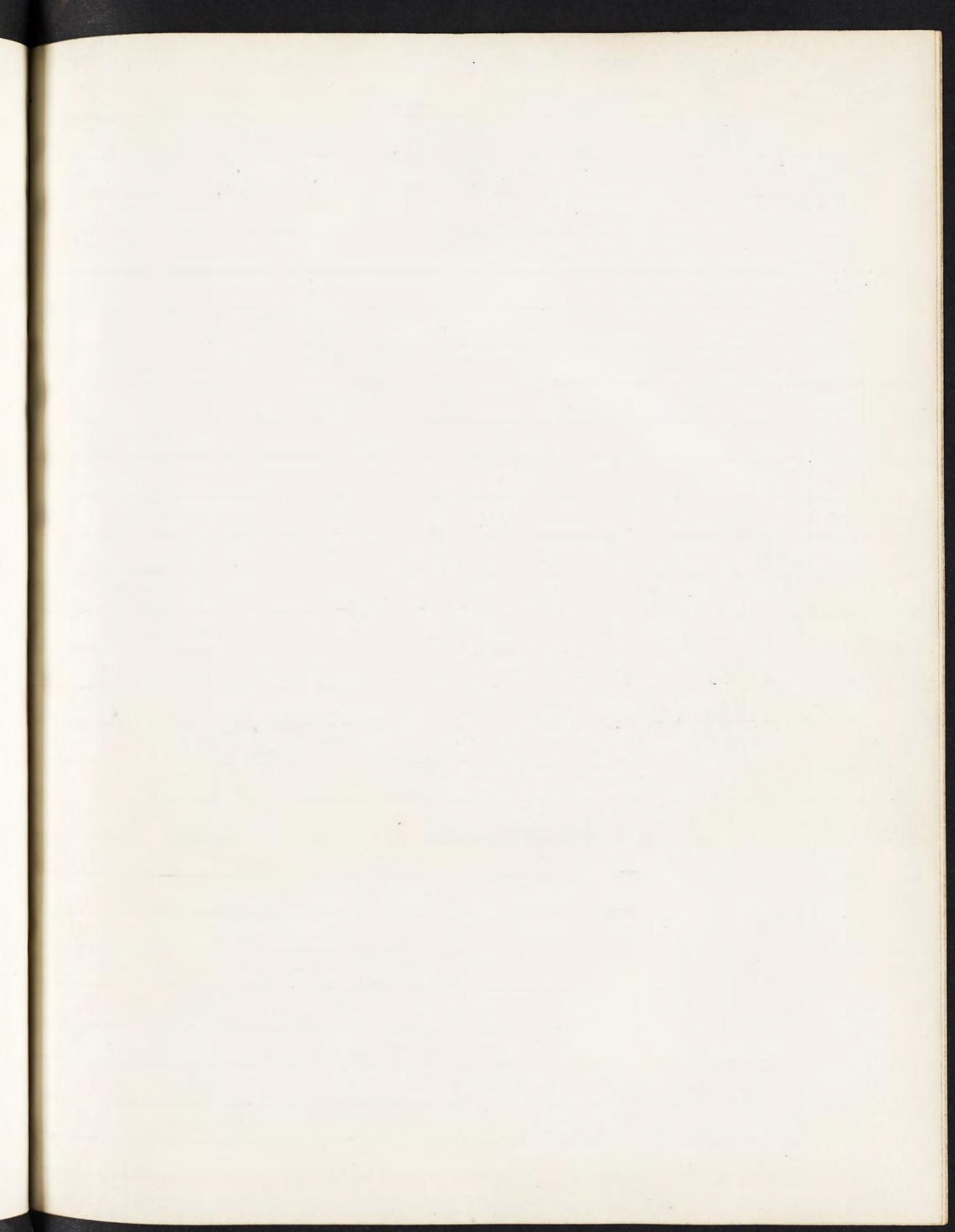


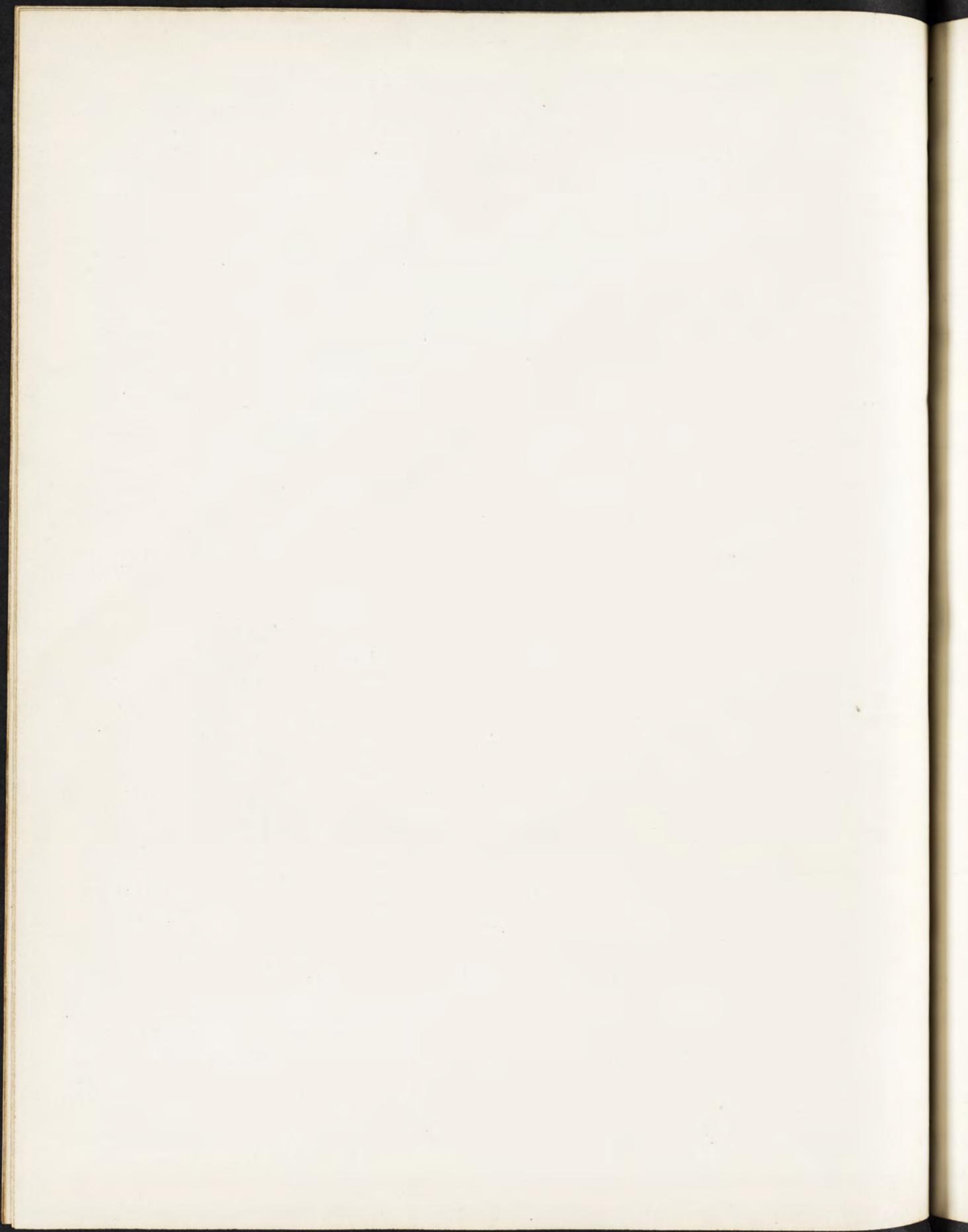


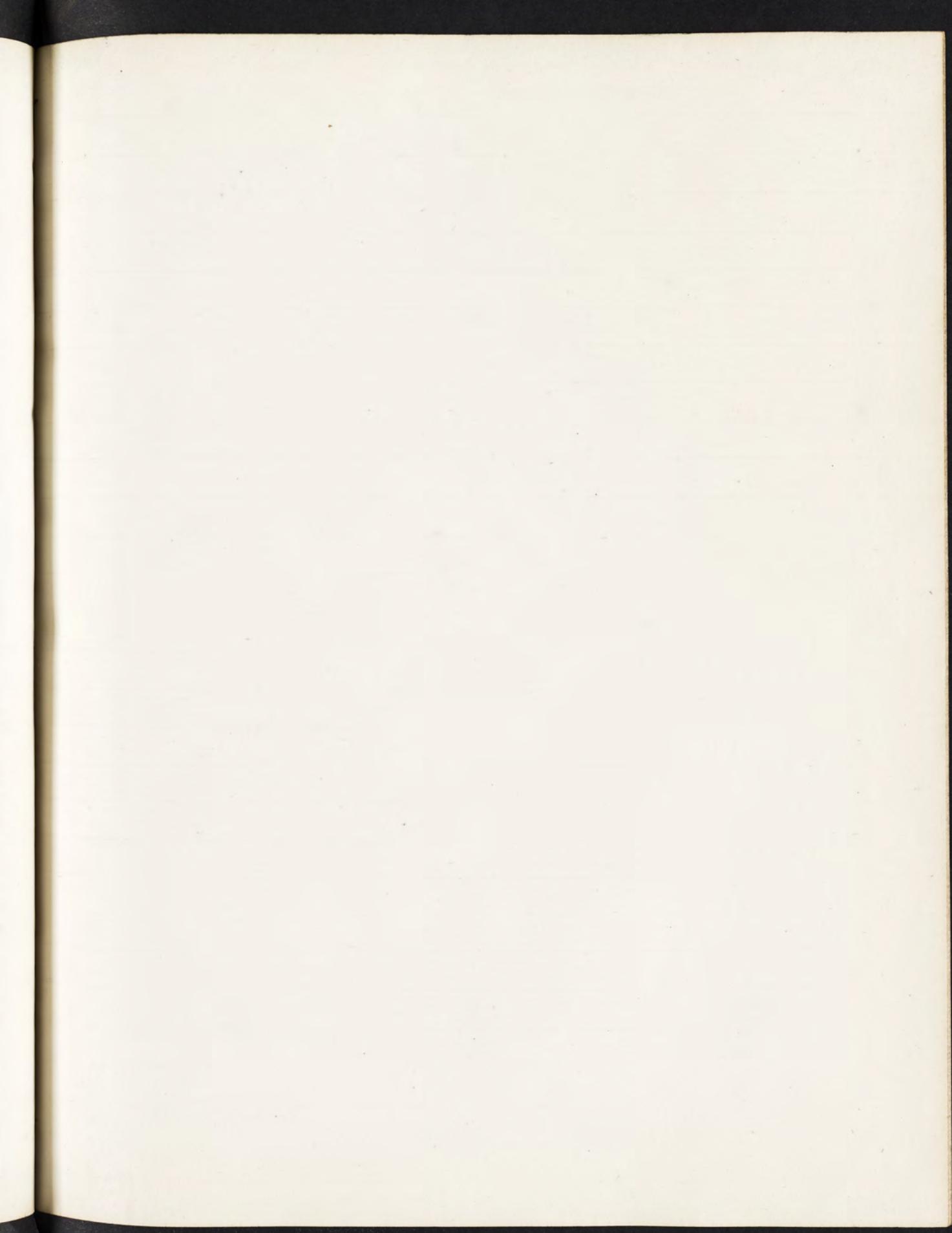


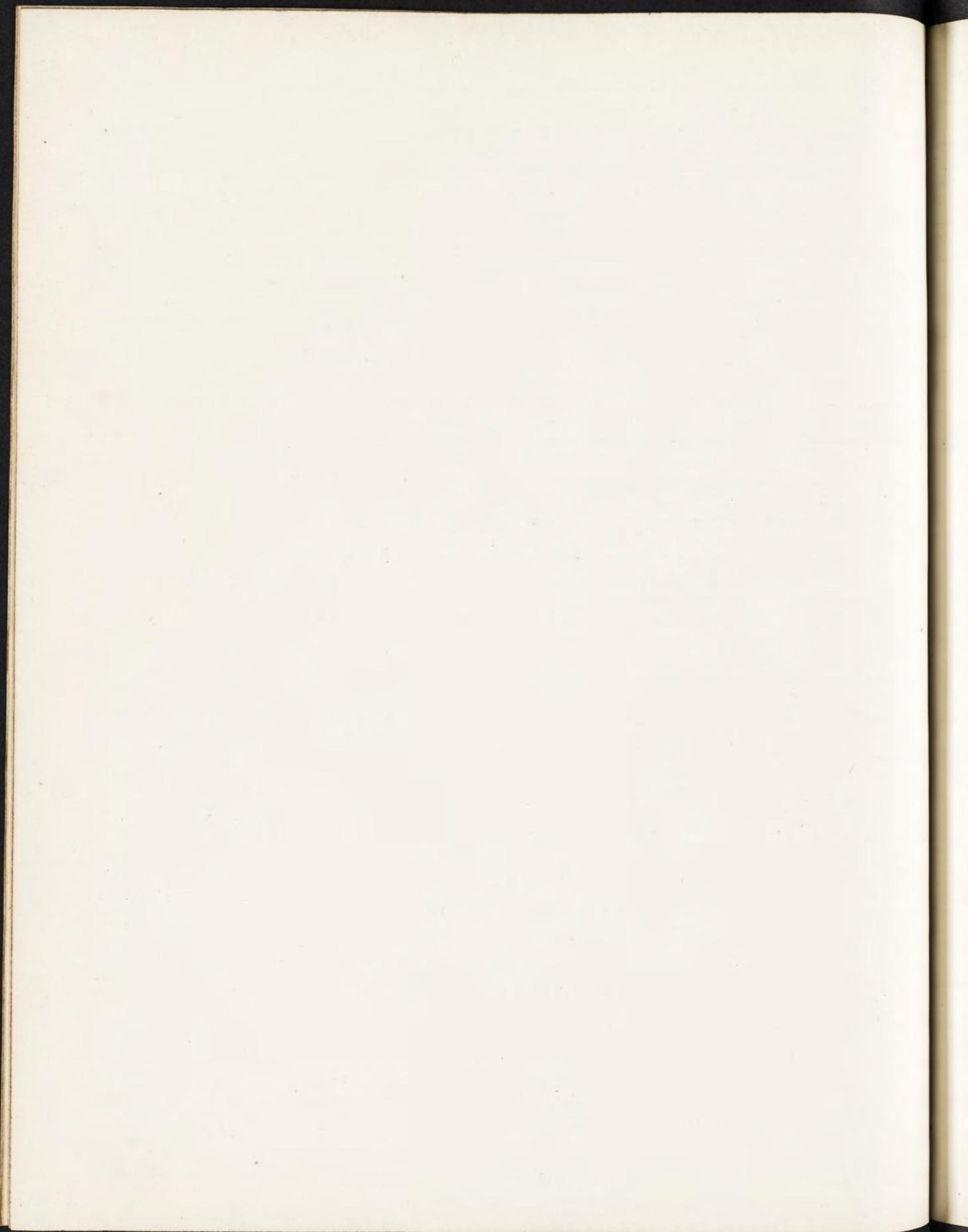


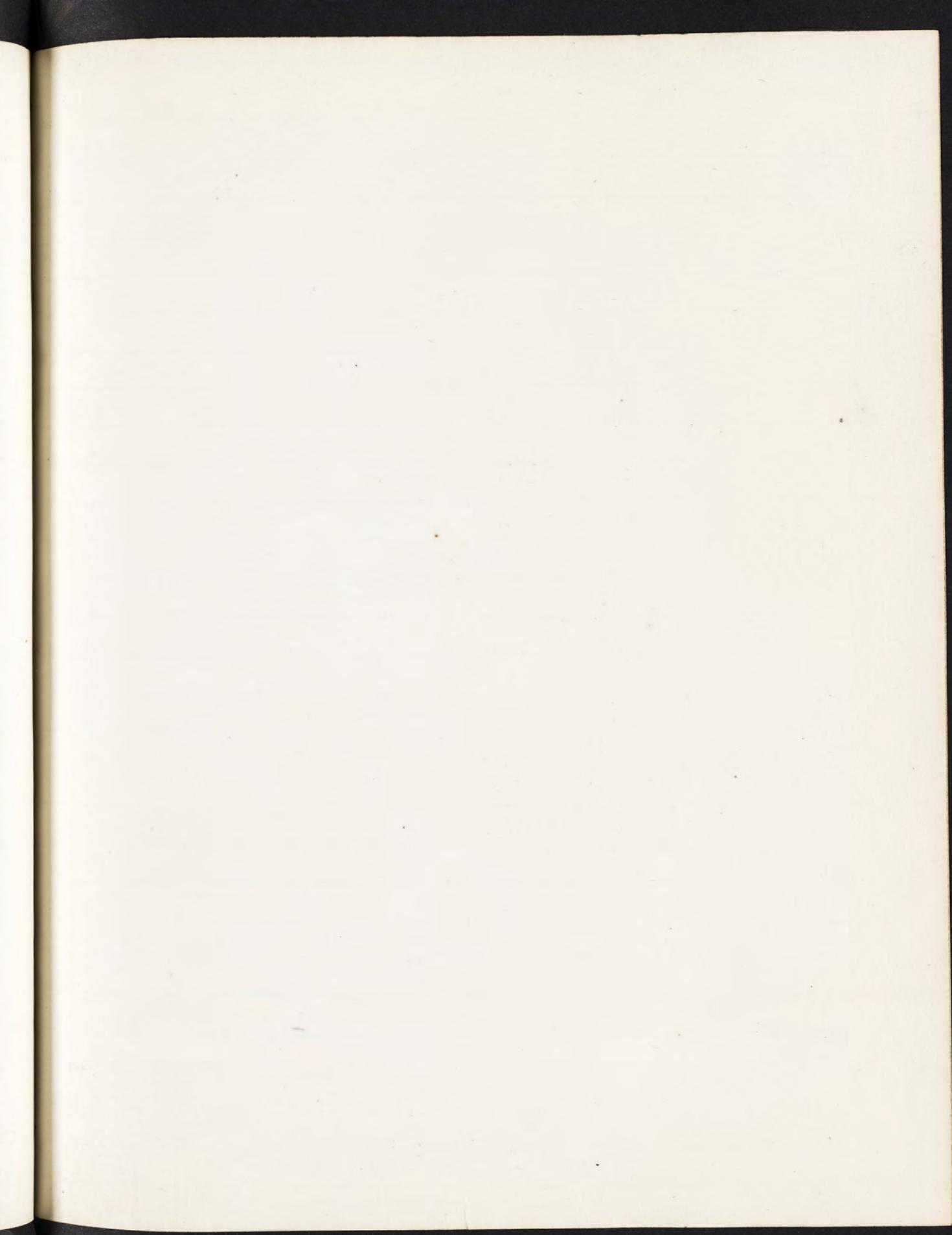


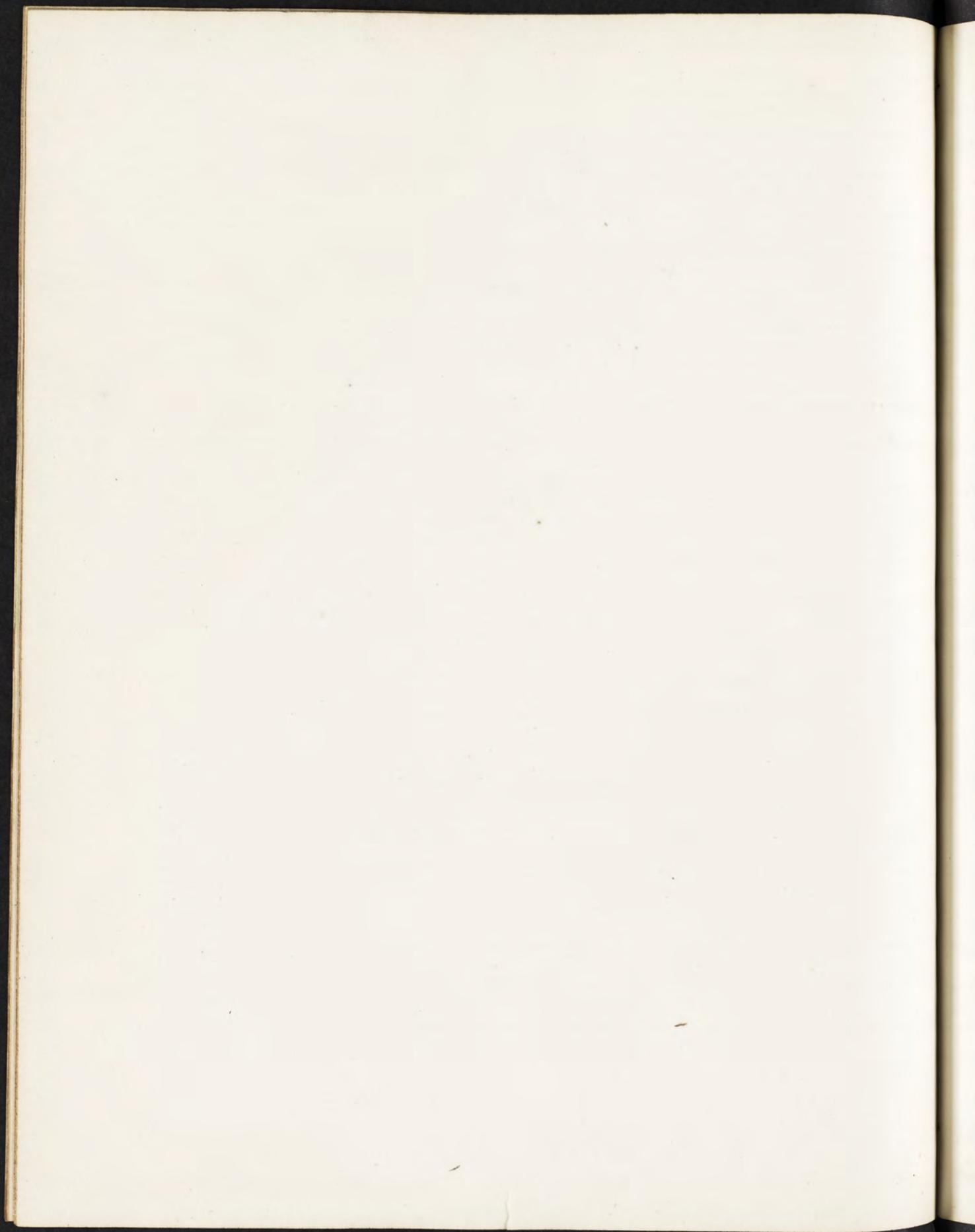


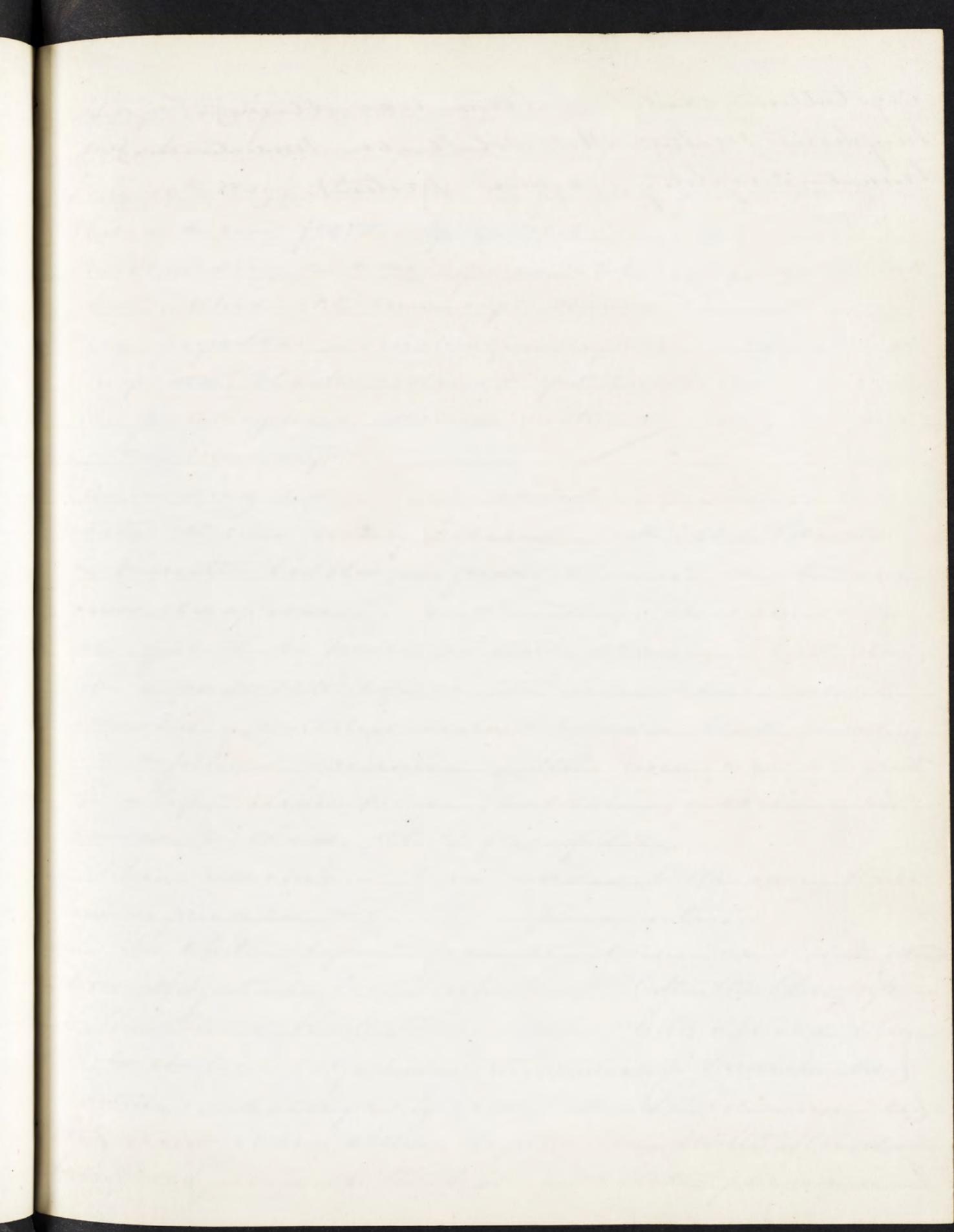












crystallized oxalate of lime was obtained. An amorphous Matter Not soluble in Muriatic acid - burned completely (organic matter).

Absorption of Articular Cartilages.

Mrs Morris - aged - patient of Dr Jackson & Hutchinson -
July 19th 1849 - Proceeded 8g of tissue of a straw colour
turbid & very fetid. Sp - 82 foot. Deepened litmus
by standing a very copious white gummy deposit took
place, which the microscope showed to consist of a
large proportion of small-sized crystals of neutral triple
phosphate; black globules & epithelial scales diffused
through amorphous coloured matter obscuring the field
of the microscope.

In adding nitric acid diluted a specimen of this -
when it was nearly cleared with the liberation
of minute bubbles, at first crevices on the sur-
faces, disappearing on standing. The colour was -
not affected by heat, partially cleared by acet. acid.
The deposit left in the nitric & acetic solutions -
consisted of epithelial scales & rounded black granules.

A filtered specimen of this mass was not clear
of a light straw colour. A solution of oxalic acid
caused a cloudy white precipitate.

When ammonia was added to the same there
was a precipitate of triple phosphate.

The white deposit from the tissue as stated above
was subjected to a high heat with the blow-pipe
& first turned black, then became white & fused, when
cool it was subjected to the action of muriatic acid -
diluted, which completely dissolved it. Ammonia ad-
ded became clear straw colour. The mother fluid
being subjected to the test of malate of ammonia

Sept 5th 1849 - Examined a specimen of urine given me
two weeks since by Dr Gobrectt; at the time it was given
to me it had a clearly urinous odour. Under the microscope
I observed the diamond form with quadrangular plates
of uric acid; at present it has a strong odour of Am-
monia & presents a precipitate of opaque globular mass
of ammonium & with a few crystals of rectangular tripto.

Rice water discharge -

Specimen from Dr. Lang's Hospital, - in a
covered bottle obtained July 28th. Examined July 25.
of a white colour, exactly resembling rice water -
fjuid when opened. - It had separated into two
portions an opaque white fluid & a dirty black
deposit. - Sp. gr. 1.010. Neutral to Litmus.

The deposit presented under the microscope a
granular & amorphous appearance, the granules
having the form and appearance of fine globules, the
amorphous part presenting amorphous crusts of ammo-
nia & apparently made up of an infinite number mi-
nute globules. Epithelial scales also noticeable.

The fluid portion of the excretion being subjected to
the action of ammonia in excess, after a few days -
standing I noticed perfect crystals of triple phosphate
of ammonia & magnesium.

1^o Patient taken in Baltimore case at 12 oc. from
it to All the way to Philadelphia General Hospital at 2^o P.M.

+ by the latter was deepened

& the same globules I have observed in the deposits
from the sea water discharges -

Examination
of the
Urines in Cholera -

1. Captain Allen - 49 yrs - Admitted into Dr Sargent's Hospital July 17th 1849 = Patient collapsed, urine passed at 5 P.M. - of a deep reddish brown colour, clear when passed, odour aromatic natural, Sp-gr 1.017. Not affected by heat or nitric acid. Reddened litmus. A thick deposit after a few hours from acetic acid.

2. Microscopic character - Macerated epithelium scales, a few exceedingly minute crystals of bicarbonate of lime & some pus globules. - round evanescent & resenting after 12 hours standing a diffuse deposit, somewhat thick &ropy when raised by the pipette. - Examined by microscope presented numerous crystals of oxalate entangled in masses - epithelial scales - pus globules & black globules. When this deposit was submitted to heat it became more tenacious. Muriatic acid in 24 hours produced light deposit of hair and crystals, 18th Patient convalescent, urine reddish brown of lighter tint, slightly turbid. Passed at 2 P.M. blood natural, consistency normal. Temp-73 Sp gr 1.017. On standing 14 hours - a light deposit consisting of epithelium pus globules & mucus, perfectly limpid. Nitric acid slightly brightens the colour. Patient left hospital on 26th.

+ Muriatic acid renders it more transparent, with
a flocculent deposit & a reddening of the fluid.
Acetic acid ^{lightens} ~~changes~~ the fluid with a ^{fine} cloudy-
sediment. —

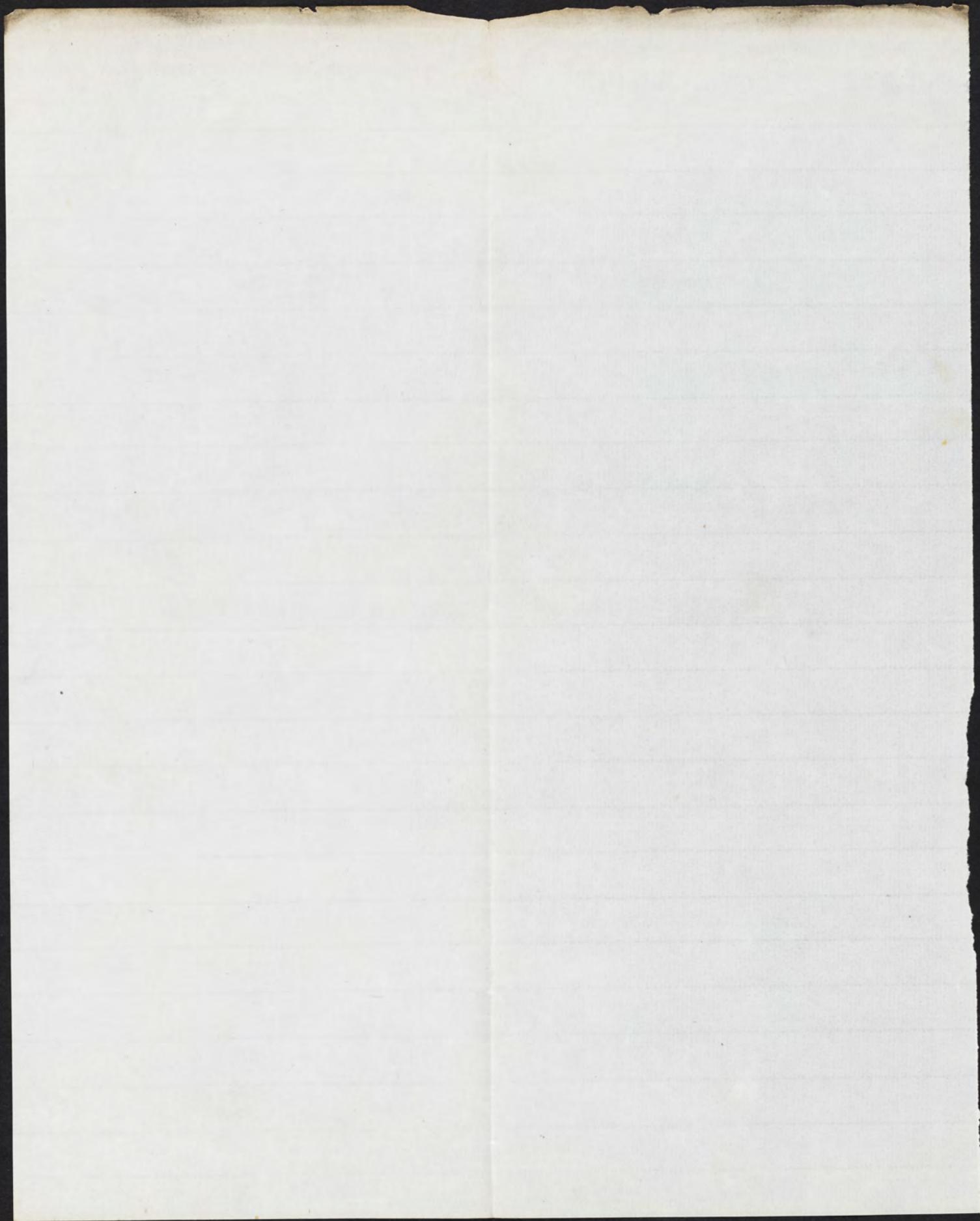
The deposit from Muriatic acid exhibits the granular
and amorphous aspect as in the urine. —

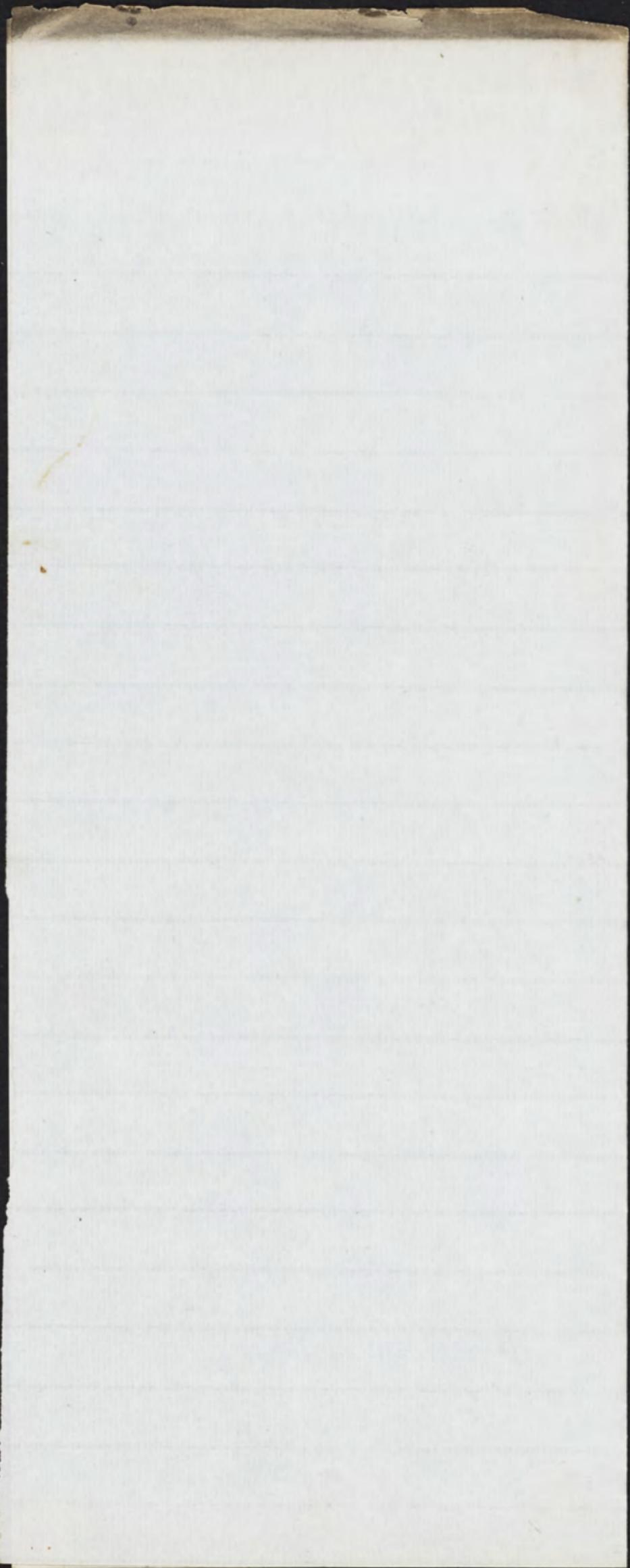
The deposit from acetic acid is small & flocculent,

The precipitate formed by Ammonia is decided but
small in quantity of a dingy white, with a clear
amber color of the supernatant liquid. Under
the Microscope minute streak phosphate crystals, like
broken fragments & the amorphous & granular matter.

Character of wind to be
looked for -

- 1- Wind passed - aged
- 2 Acid or Alkaline (atoms)
- 3 Colour -
- 4 Consistency -
- 5 Sp gravity -
- 6 - Character of deposit -
- 7 - Microscopic character -
- 8 - Effect of repose
- 9- Action of heat
- 10 " " of acids -
- 11 Test for weal





Mr. A. Dutstid - aged - Entered Dr. Langdon Hospital
July 22nd 1849 - urine passed at 10. a.m. 25d. light yellow -
urine colored opaque - sp gr 1.011. Temperature - 92° -
Reased by heat. Odor aromatic strong. Reddened
itself. citric acid clears the ^{sediment} solution with an escape
of air bubbles. - ~~Blausäure verhindert~~ +

Promitted to stand a thick heavy deposit was thrown
down in 12 hours - which was partially soluble in nitric
acid with a sedimentary matter. The Microscopic
exhibits in the urine ~~the globulated form of lacteal~~
~~matter - amorphous~~ ^{a globular and amorphous -} some of the globules escape the larger
~~surrounded~~ epithelial scales ~~so that the globules~~. - The
deposit exhibits with the above foliaceous cysts of
uric acid. -

July 26th urine passed 25th Thick sediment of a dirty yellow
color - sp gr 1.011. Temp - 96°. Was left pale a
heavy dirty white deposit. Partially cleared by heat
the deposit subsiding as a heavy shoddy mass leaving -
the supernatant fluid lighter colored & cleared but
not transparent. & thick scum formed by boiling. Nitric
acid produces but little effervescence, the sediment persisting
& the fluid remaining opaque. Citric acid produces
but little effervescence & an opalescent appearance is given to
the fluid. Acetic acid

The Microscopic appearance of the deposit in the urine and
of neutral salts in small cysts & an amorphous veil -
enlarging them.

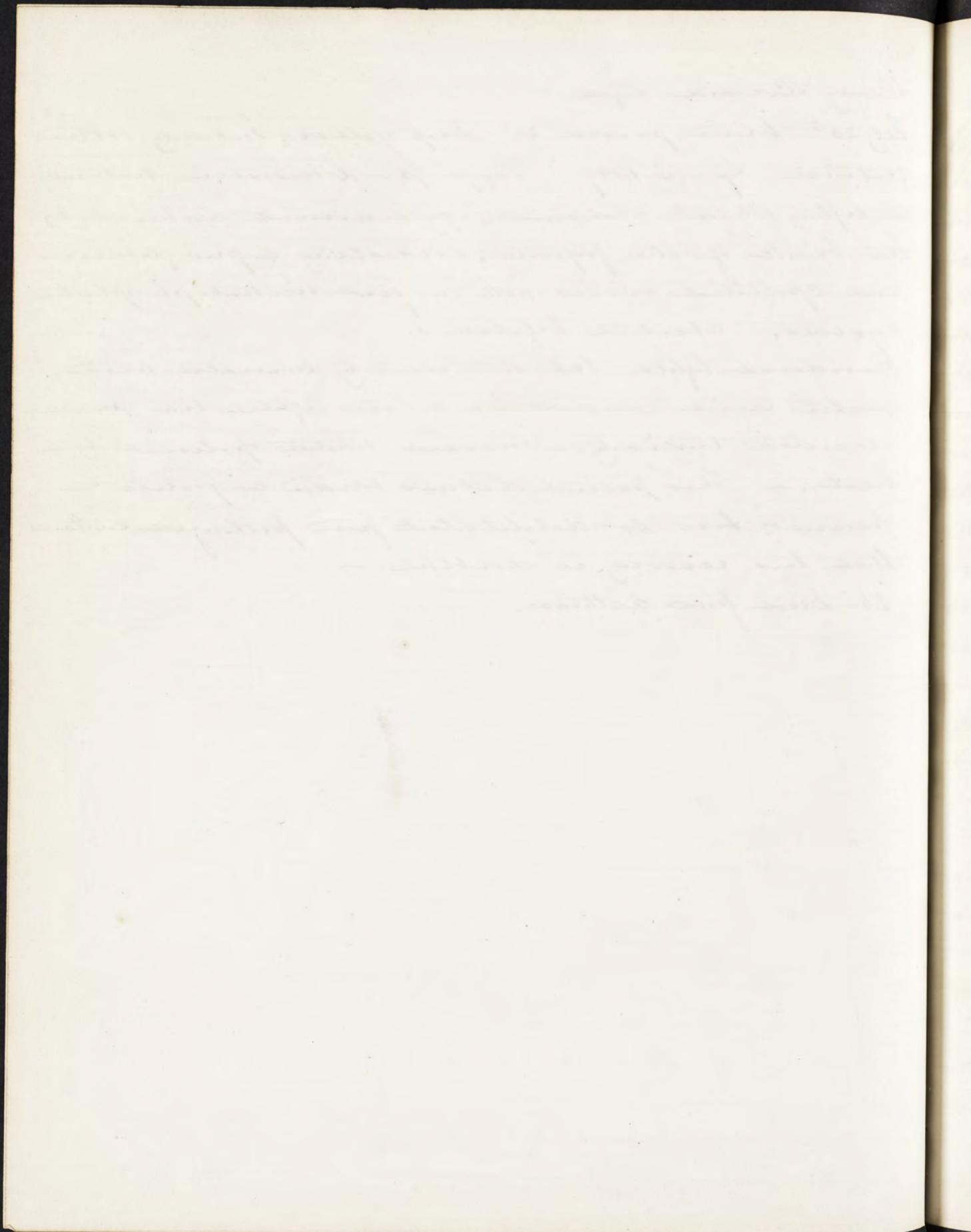
Patient walking about convalescent

Henry Howard aged.

July 26th urine passed 25- Deep yellow - turbidly, thin
material. Sp-gr 1.007. Deep - & Consistency material,
a light, whitish sediment, very sediment adherent to
the base of the pipette, consisting of few globular -
and crystalline scales with a few minute phosphatic
crystals. Charcoal & alumines.

Rendered lighter but not clear by Muriatic acid.
Acetic Acid renders the colour lighter but gives a
decided turbidity. - Becomes whitish opalescent by
heat. - This patient labours under a fistula in
perineum & is so debilitated from prolonged asthma
that his recovery is doubtful. -

26-Died from asthma.



Parus Ocean - Aged.

Entered Dr Sargent's hospital July 26 - died passed
July 28 - Deep brown. Eight ounces. Odor rank, Consis-
tence watery, a large bead formed on pouring into
the sp grav. tube. - Sp-grav. 1009. Temp 83. Examined
July 29th Cloudy with a deep flocculose deposit.
Cleared & transparent by heat with a slight separation
of the flocculi & their precipitation. Cleared slightly
reddened by mineral acid, with the extinction
of minute bubbles. - The same by nitre. - Reddish brown
The microscope exhibits in the deposit epithelial scales -
globular particles in abundance & a few vibrios. -

Uninjected 27th deep amber colored nearly transpa-
rent. Brown coloring consisting watery material. Temp 83 -
Sp-grav 1005. - No deposit on standing 8 hours. -

During last winter had a prolonged attack of
typhoid fever

Poured 8oz of urine, of a deep red color, turbid &
depositing a large amount of precipitate - very fetid
~~alkaline~~ ^{alkaline} Precipitate neutral triple phosphate, sulphuric
& scales & opaque white of ammonia.

Newark

Pioneer Hospital & Dispensary
September 6th 1849.

Was called to see Mrs. Tottas aged - a thin spare woman having auburn hair blue eyes, nervous temperament, has been married for six years without having had any children, health during the whole of this time has been more or less delicate, suffering more or less from painful & difficult menstruation. During the last month has been affected with the prevailing disturbance of the bowels for which she has been under treatment & for the last twenty four hours has suffered intense pain in the hypogastric region attended at intervals with violent spasms. Saw her for the first time this morning and found her as follows - Pain great in the abdomen with tenderness, skin dry pulse sharp & rapid small, bowels bound tongue coated, thirst, irritability of stomach, pain in back & lumber region, urine deep red & loaded with deposit, difficulty & pain in urination, received plased injection following a small dose of Ric. Nox. for constipation & abdomen & opium after operations of medicine - Informs me she expects the menstrual discharge Sept 6 - Relieved by the injection which opened the bowels discharge dark colored, oil thrown from stomach passed a pretty comfortable night & the periodical being charge being established is relieved from acute pain but has considerable soreness, stomach water settled, tongue coated, thirst & feverish symptoms continue. Plased injection 20st. Gal - 48 grain Eat Reg. up Pub. This is very fair home-boat formant. Opt. R. S. D. in water as dinner spoon

Diet.—

Sept 7th—As yesterday continue treatment with gr 2 grana during night & in two pills.

Sept 8th Improved, bowels like yesterday, tongue clean & irritability of stomach less—pulse natural skin moist, urination less difficult, less sense of abdomen. Rested well during the night.

Animal food & an aodyne pil in the evening.

Sept 10th Has continued to improve as to the general symptoms. Yesterday from distention of bowels by flatulencies induced by constipation had an attack of followed by violent spasms & the whole body & temporoparietal intestinal colic. An expectored injection effected.

+ Mass at 7th 8x4. Last Friday gr XX-Eat 8th 8x4
gr 18 Puh Rhei 8x4—2 pil x4—tea Morning & evening. Animal food & Broth.

Sept 12. Examined per vaginam & found uterus—small, neck long narrow with a very small mouth easily detected opening—vagina large flabby—the Fallopian tube pain & uneasiness communicated to the body of the organ & extending to the left iliac region. Induced emigrated injection of castor oil—gr 15 & pleased tea served daily.

Sept 15—Has continued free from pain or uneasiness since attack of colic. Rest well. Appetite good—bowels opened regularly. No concretes except when firm pressure made over the lower part of abdomen, tongue clean, pulse too small but soft, skin cool & pleasant. ^{Skin} with a little yellowness of abdomen, urinates without strain.

Bottle of wine passed through the siphon of a deep dark red colour, loaded with sediment which when shaken renders the fluid muddy, but subsides readily standing a few minutes. P. 82 1025. Temp. 98. - Odor of old, overripe thistle, sediment dingy white, upper layer somewhat flocculated. Reaction + litmus alkaline.

Partially cleared by heat. Muriatic acid acts with effervescence disengaging carbonic acid from carbonate of ammonia, the solution being rendered clearer by the solution of the phosphate, but still cloudy & light red in colour, a slight deposit occurring upon standing half an hour, which proves to be epithelial scales - citric acid produces a similar effervescence & a partial clearing of the fluid, no heating the nitro-acid solution & allowing to cool, a more decided deposit occurs red - of the same with a crystal or two, preventing of this cool. Acetic acid dissolved out of the deposit, leaving epithelium A microscopic examination exhibited a great amount of beautiful crystals of neutral biphosphates, an abundance of amorphous mate of ammonia & some large opaque masses of the same.

By standing the acids solutions except wine acid, kept by the glass free from pain or spasms since last report, & is apparently doing well -

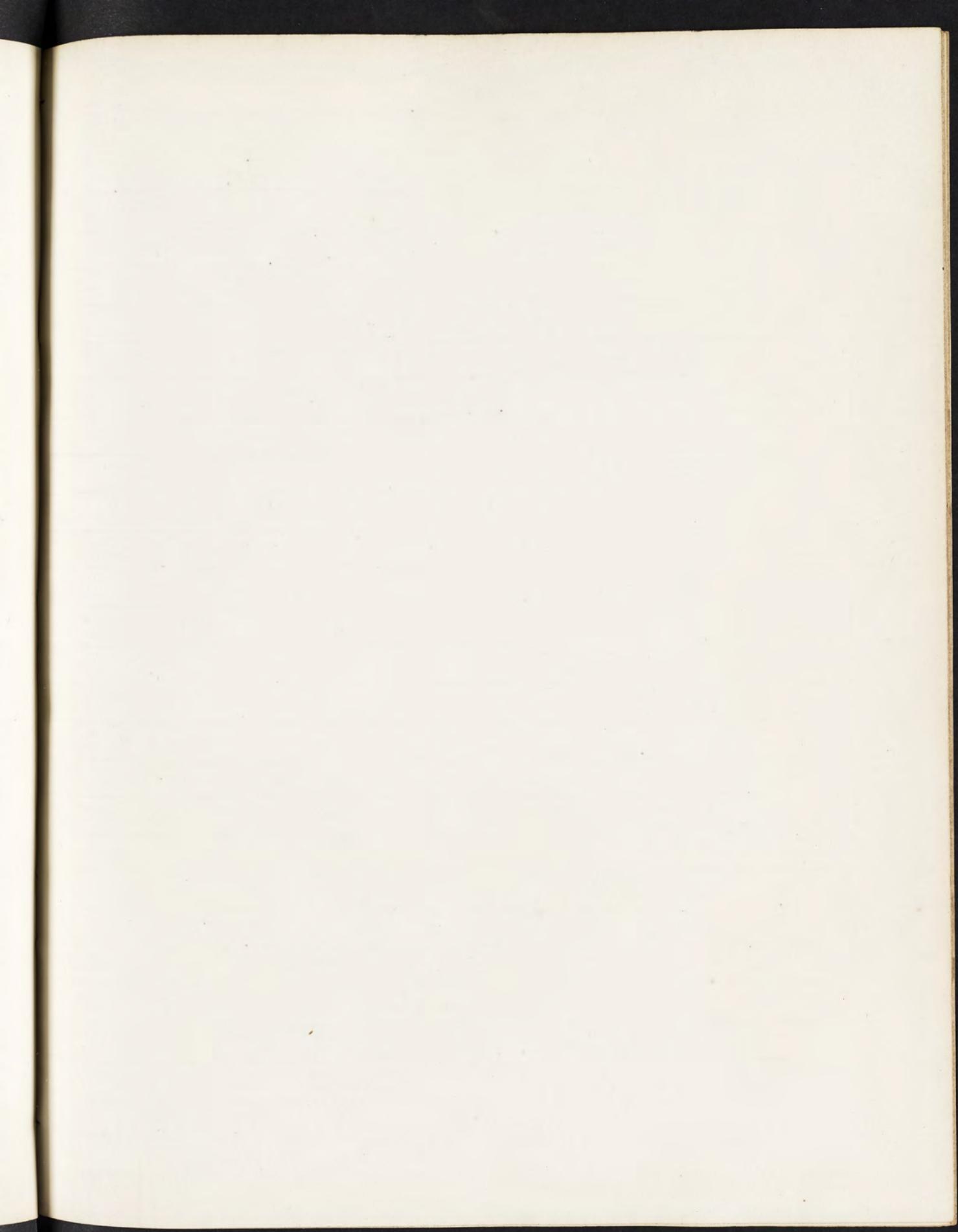
Bottle 8 oz - passed this morning. of a deep colored solution, not perfectly clear, a light cloud being diffused through the fluid, consistent & due natural temp - 96. P. 82 1025. - reddens litmus.

be standing 12 hours a decided white deposit
occurred, composed of black globules, small beautifully
defined crystals of ~~borax~~^{neutral} phosphate, amorphous matter
urate of ammonia or phosphorus) with some few globules.
be standing 48 hours this specimen assumed a turbid
appearance, became of a bright red colour & lost all
copious white precipitate. Alkaline to litmus & efferves-
cing with acids (but ammonia odour very faint).

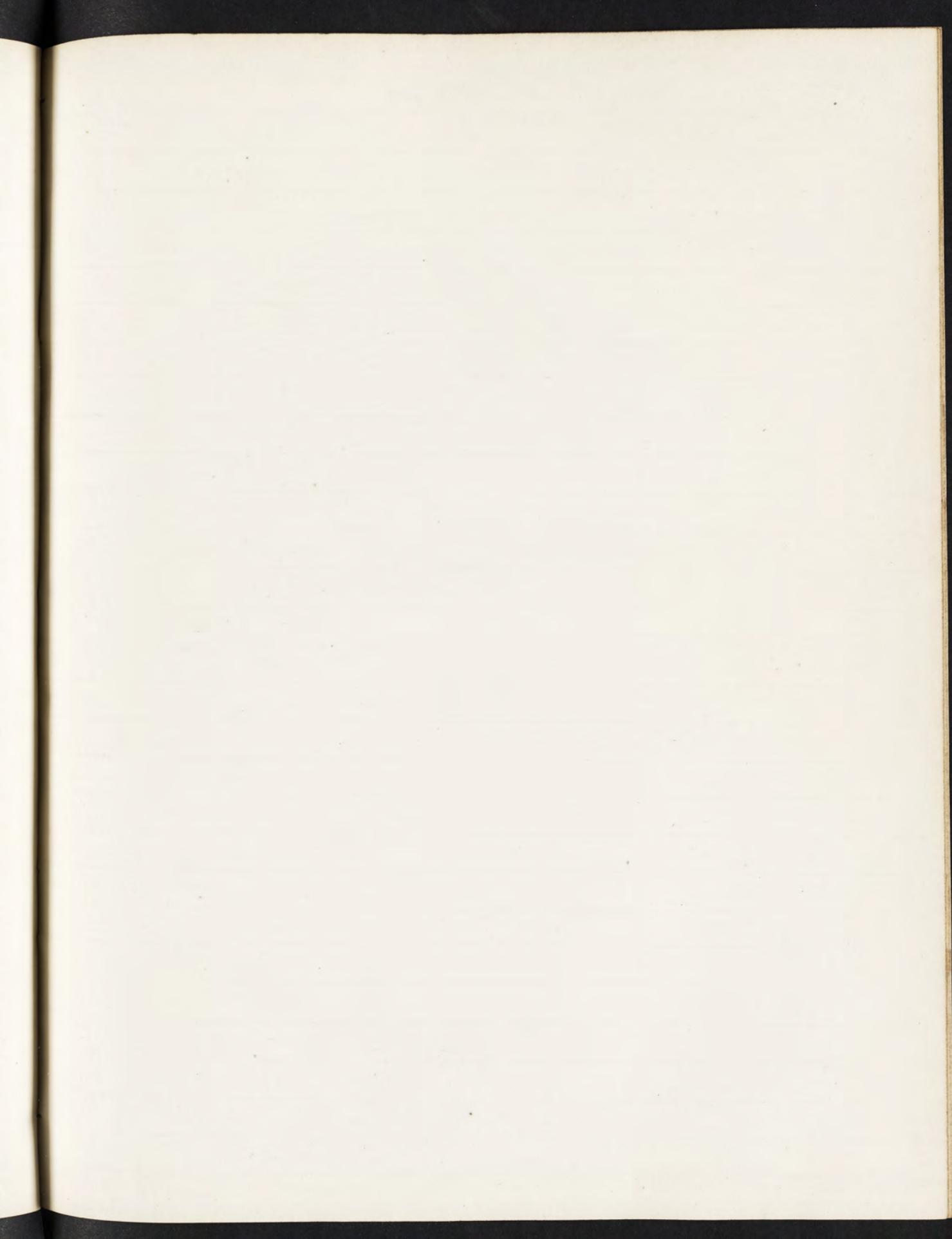
October 1st. During the past two weeks patient has
varied in her condition, for two or three days would
be free from all apparent disease & then again
suffer from pain in the abdomen & hysteriform
spasms - I saw her at 4 o'clock & found her com-
plaining of diffuse pain in the abdomen. During
my visit she had a decided hysterical convulsion
which resembled grand mal, attended by circosity
& of ~~three~~^{one} minutes duration, on returning to consciousness
she complained of soreness in her muscles, the
husband informed me that this was the second &
had been since she - in a few days she expect
her catamenial period, audi-nes were de-creased
& as her bowels had not been moved for two days
Pit. Ear Col. Cough & hysteriform, she ^{the nervous system} ~~fever~~ became
beside herself.



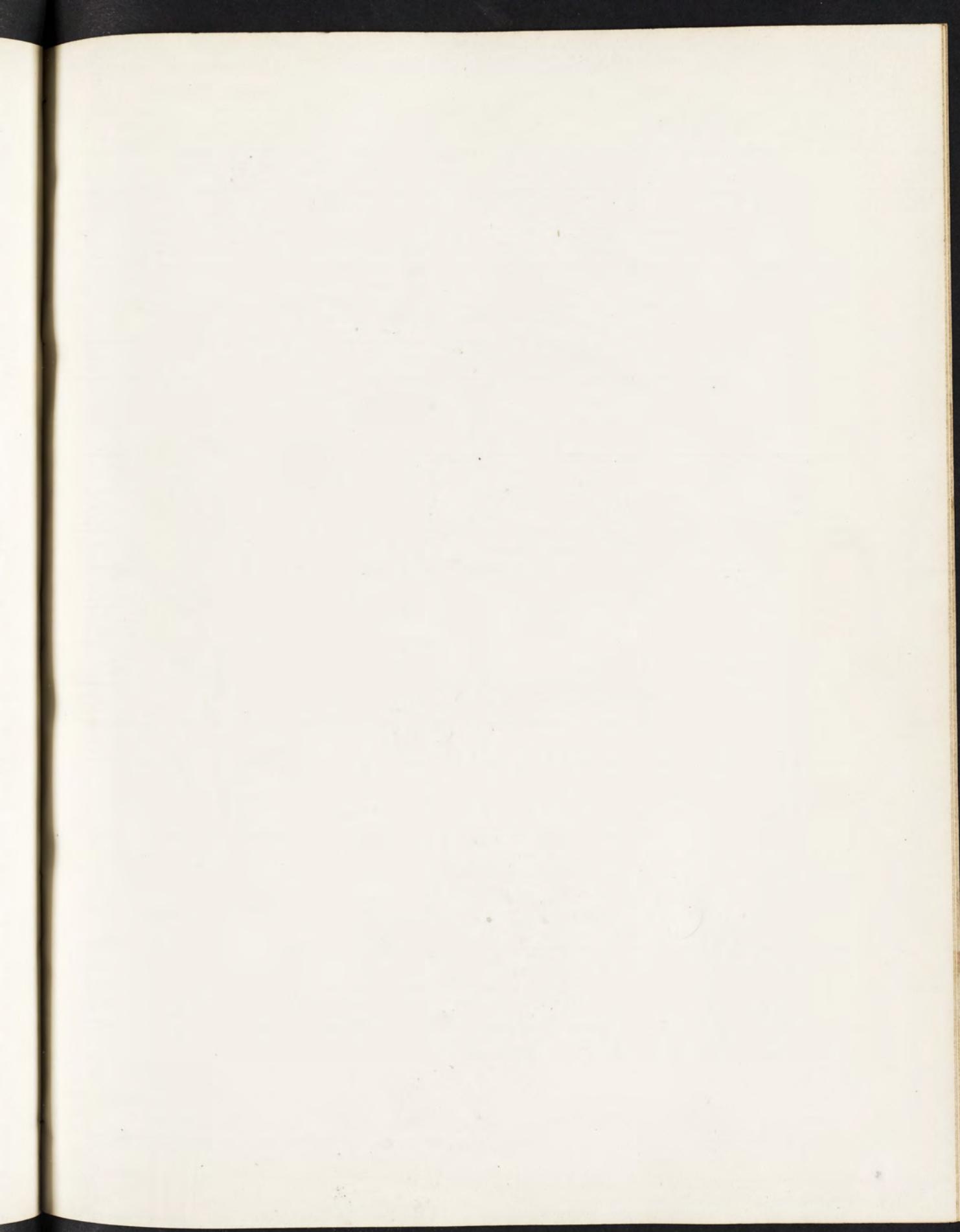


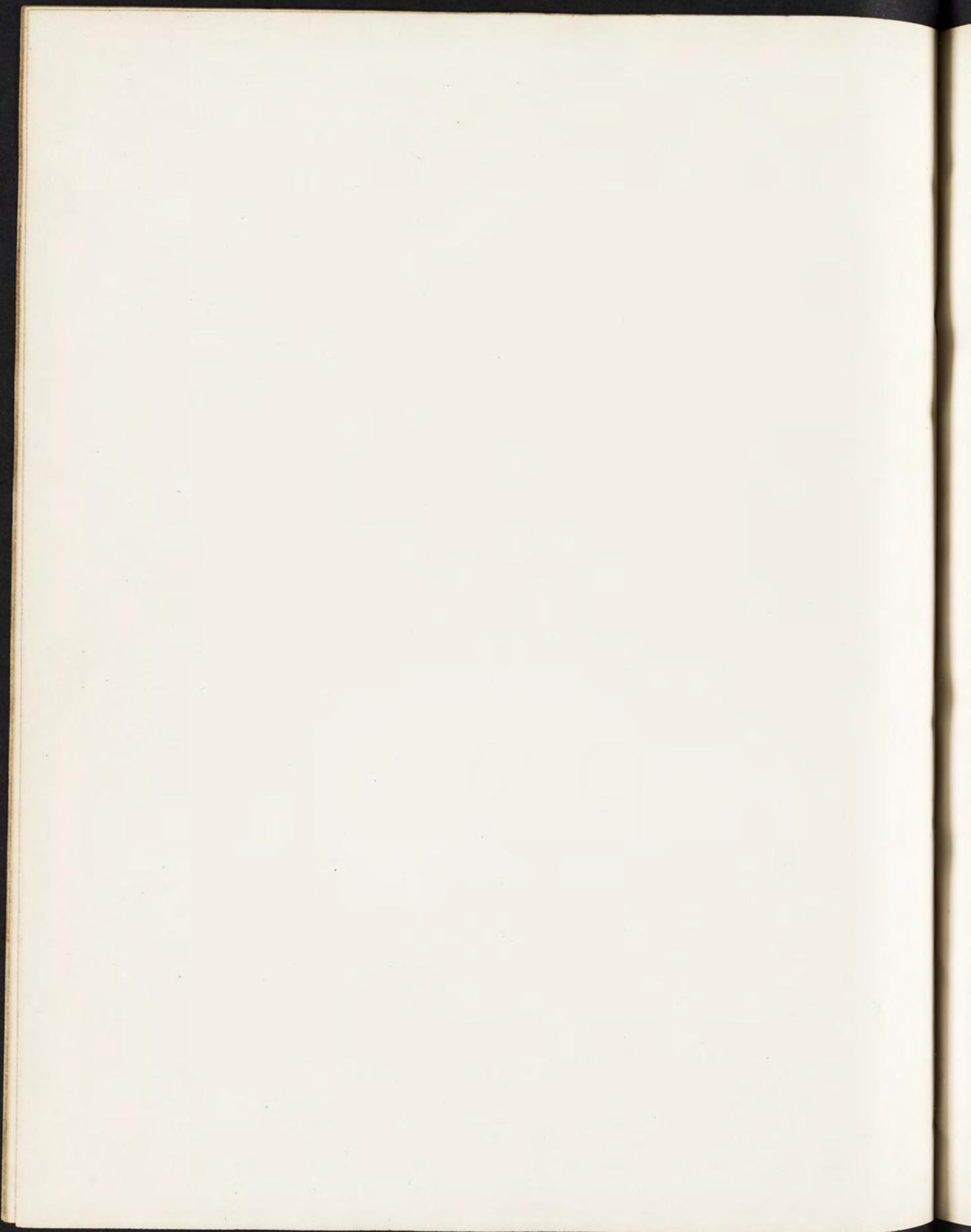


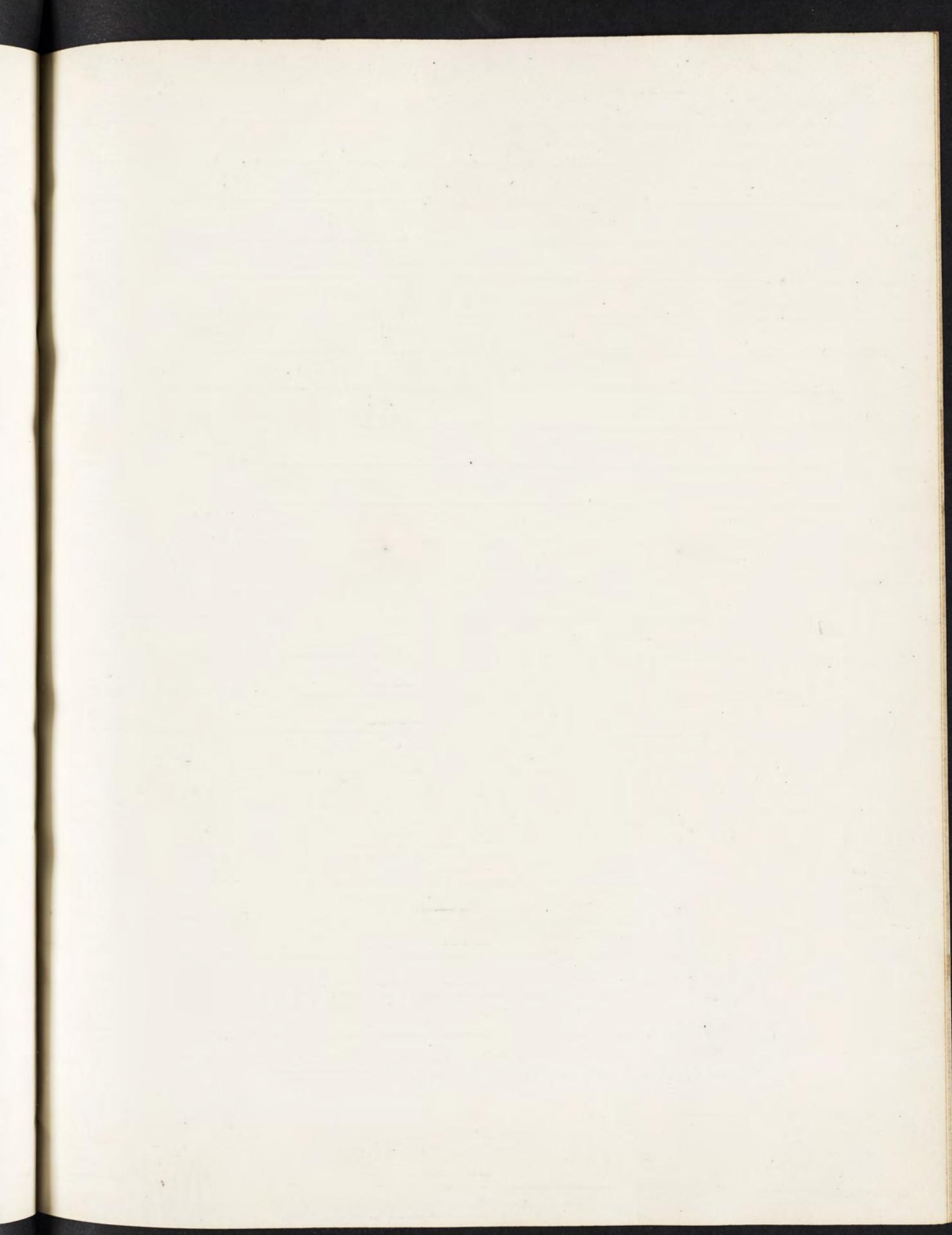




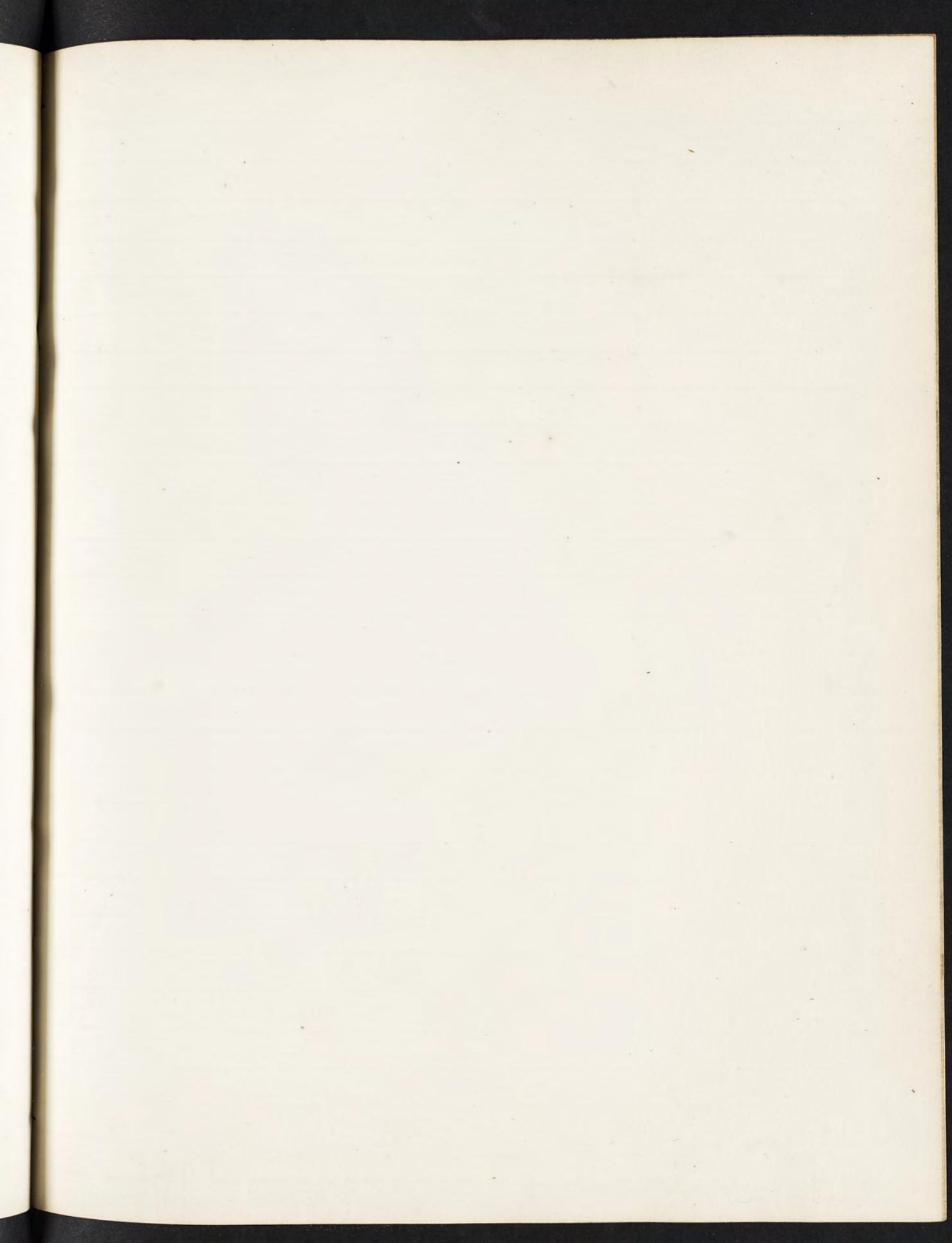


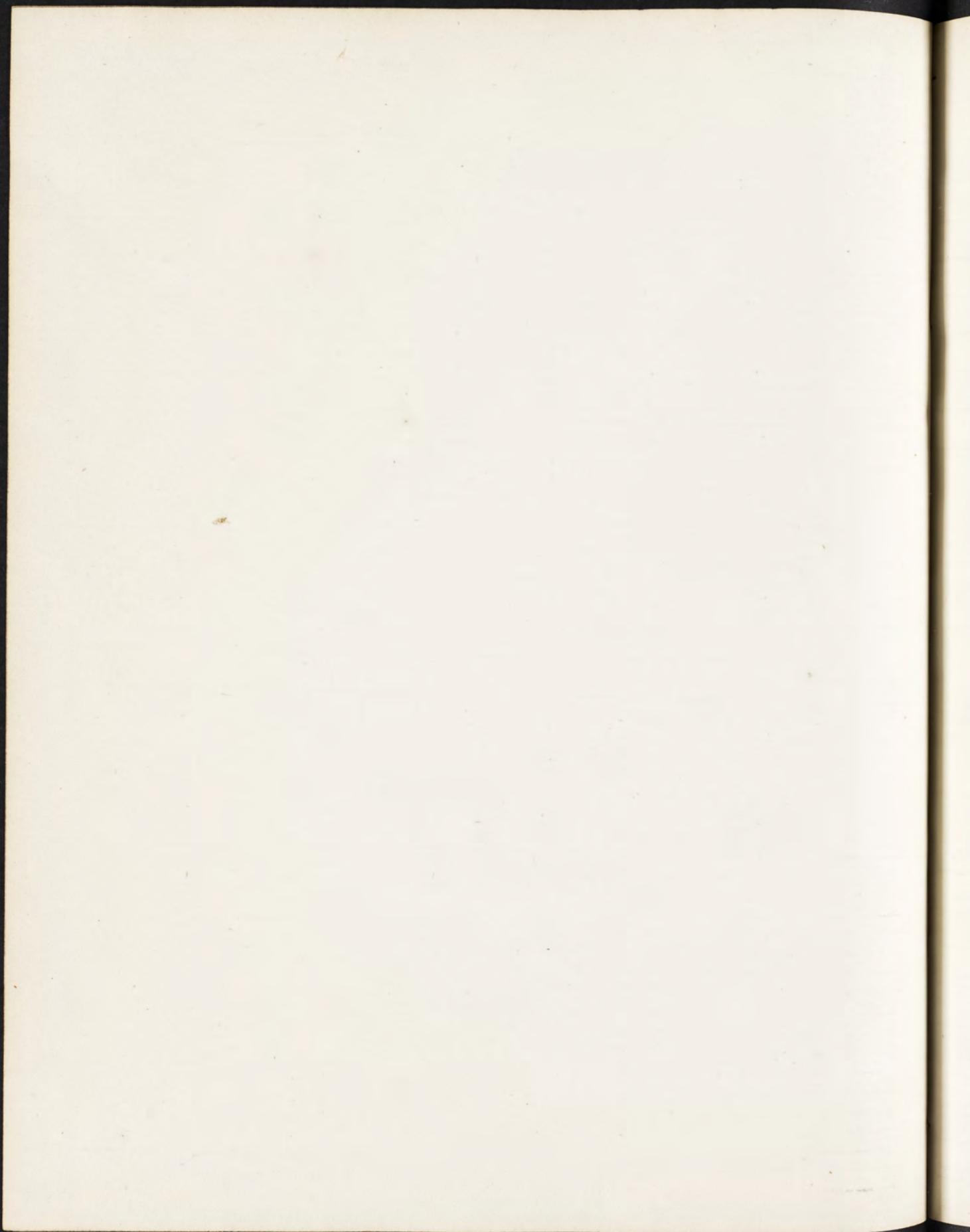


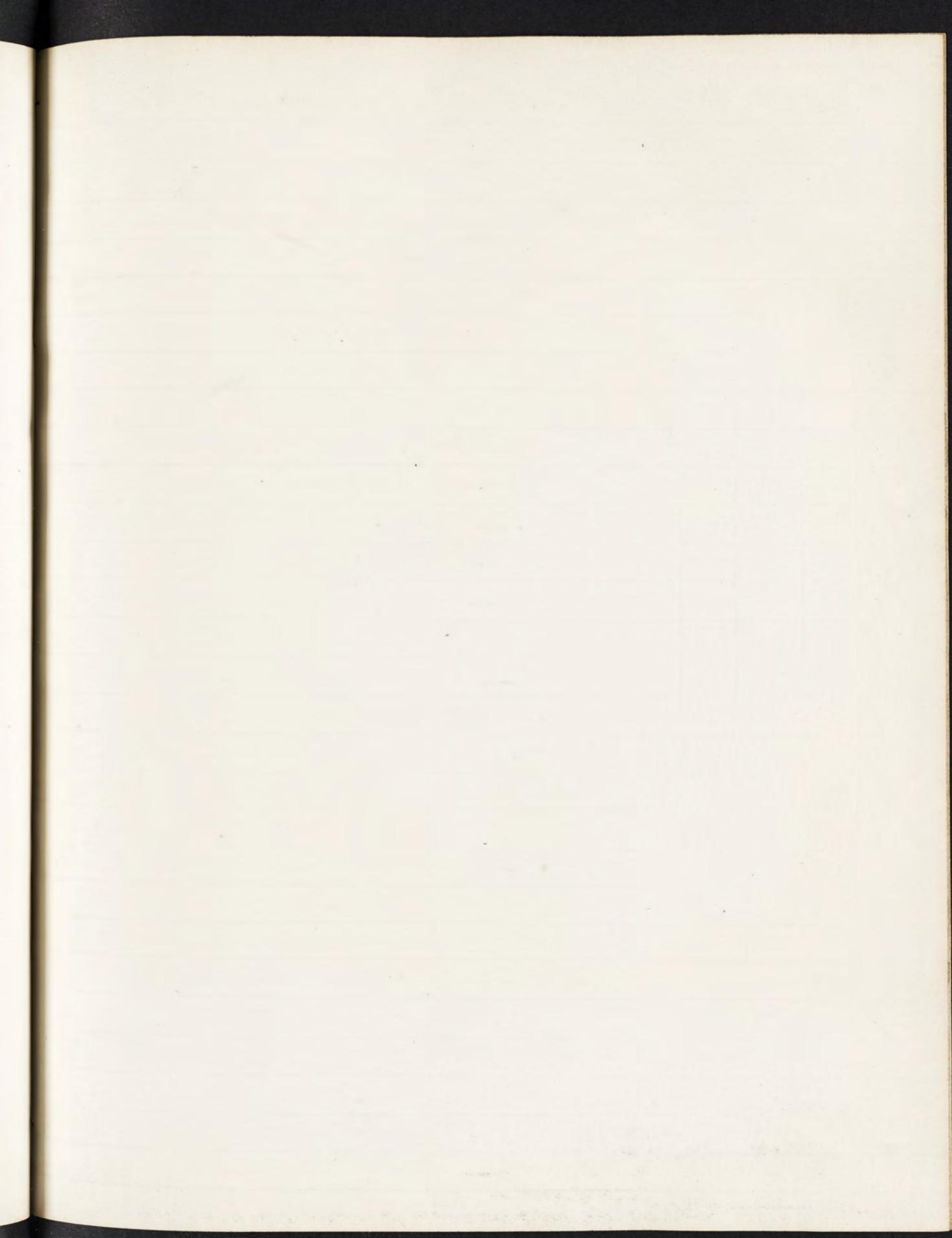


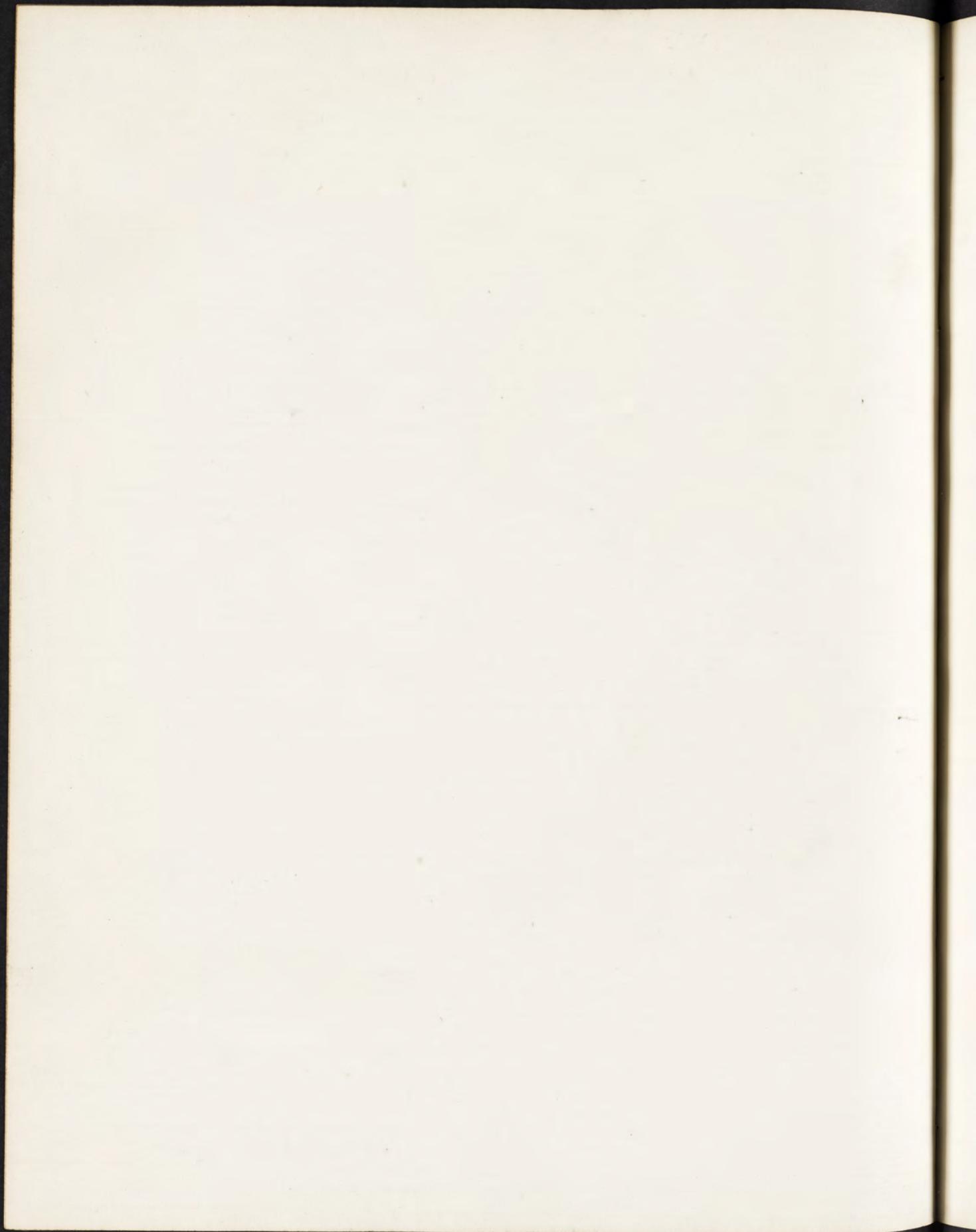


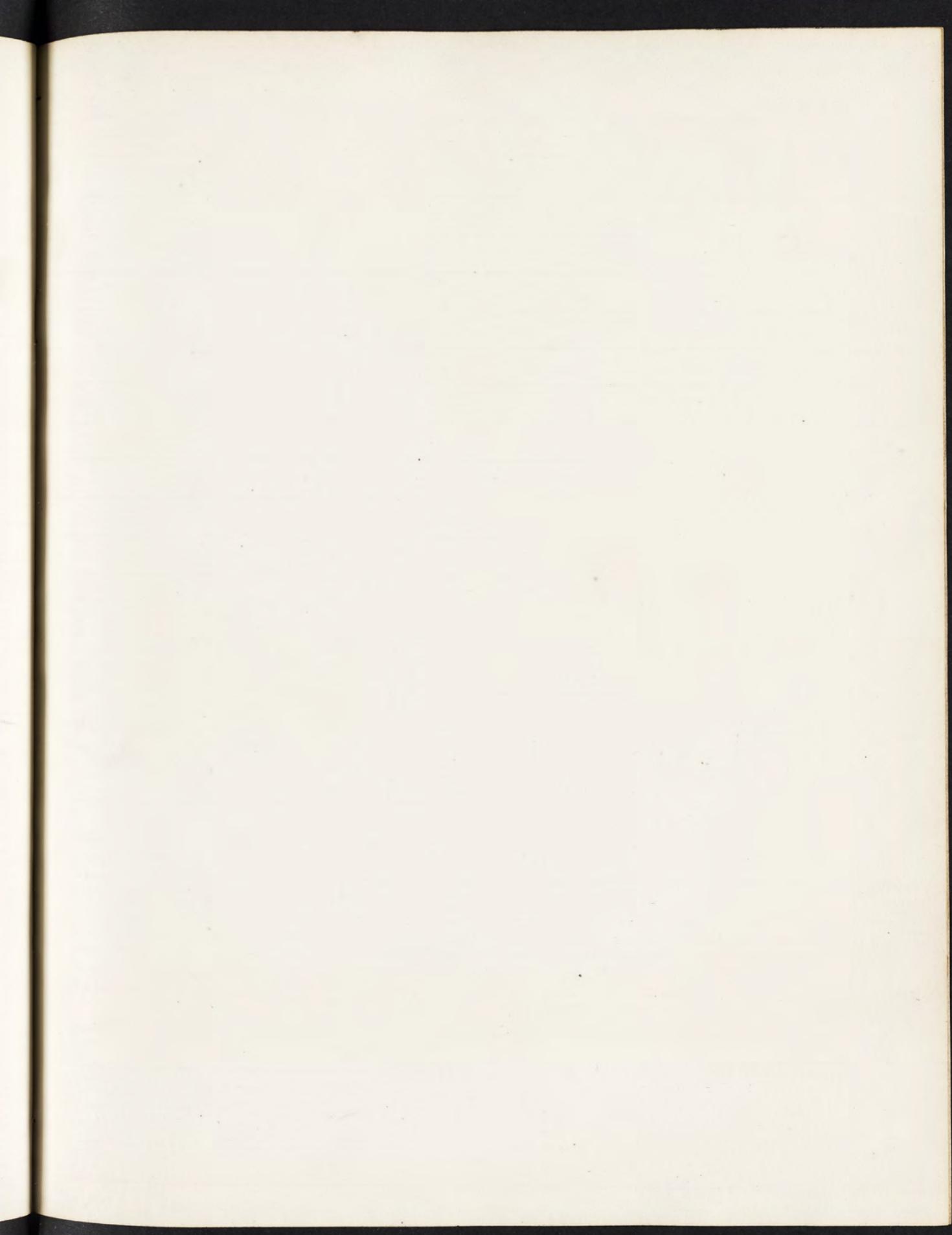




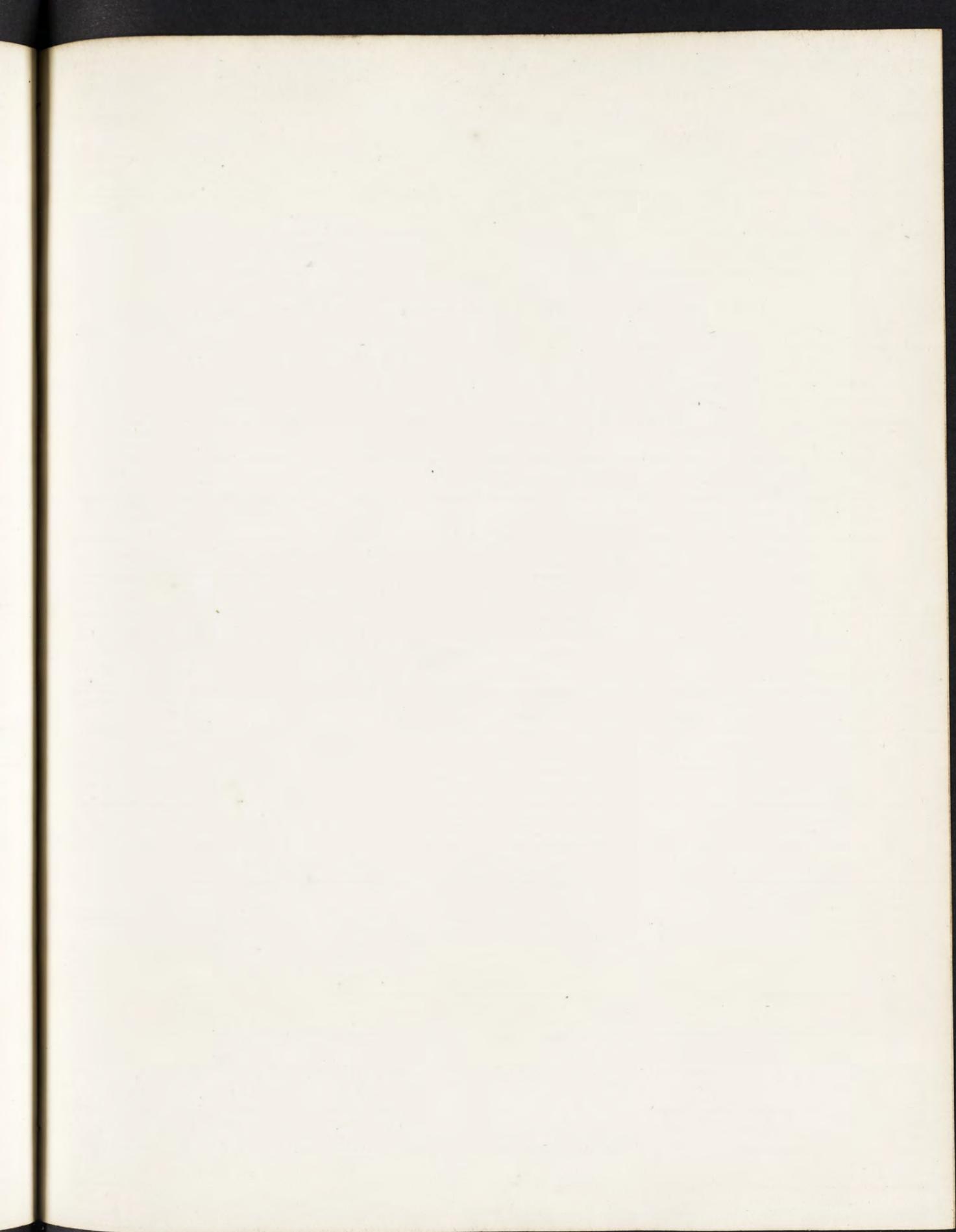


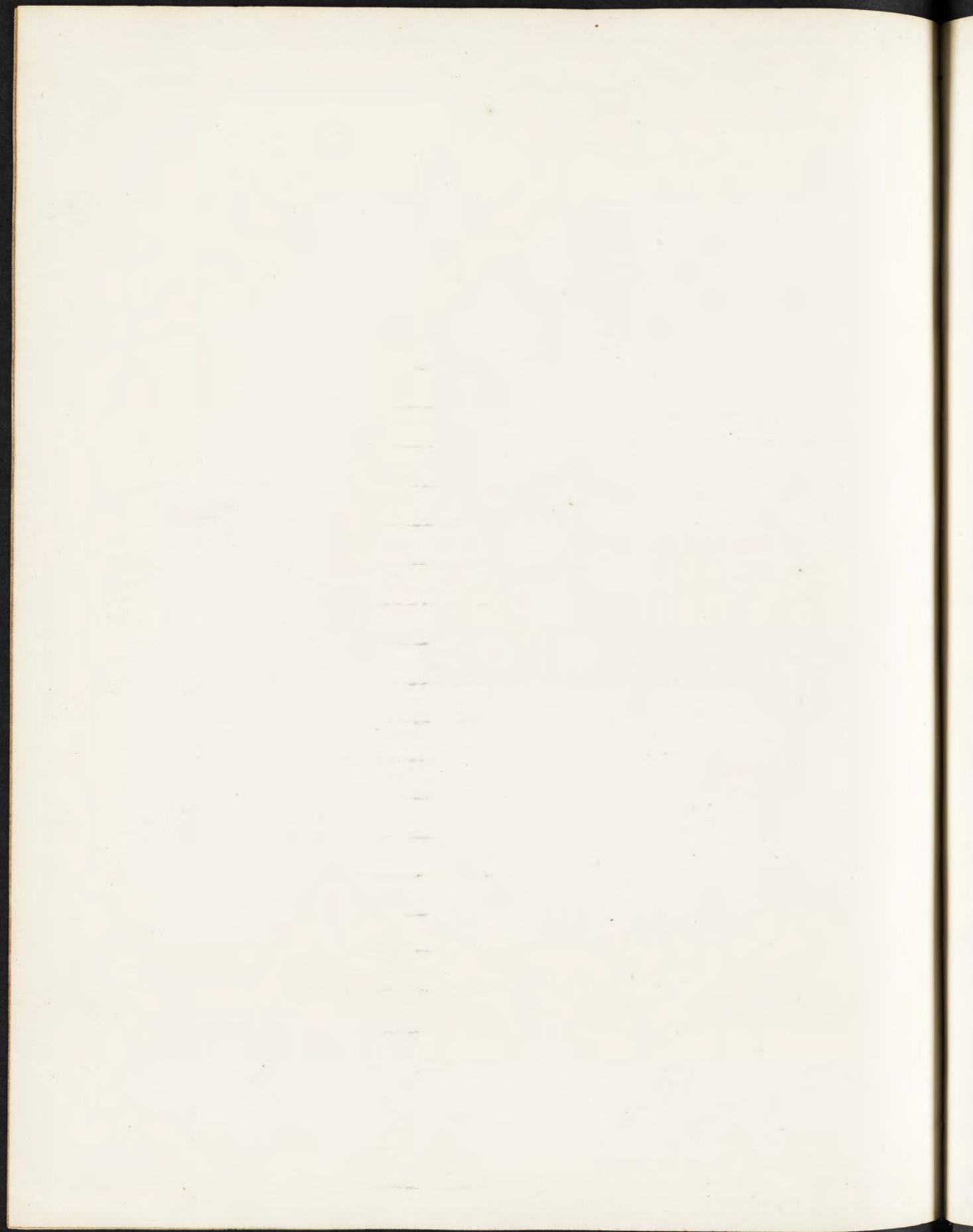


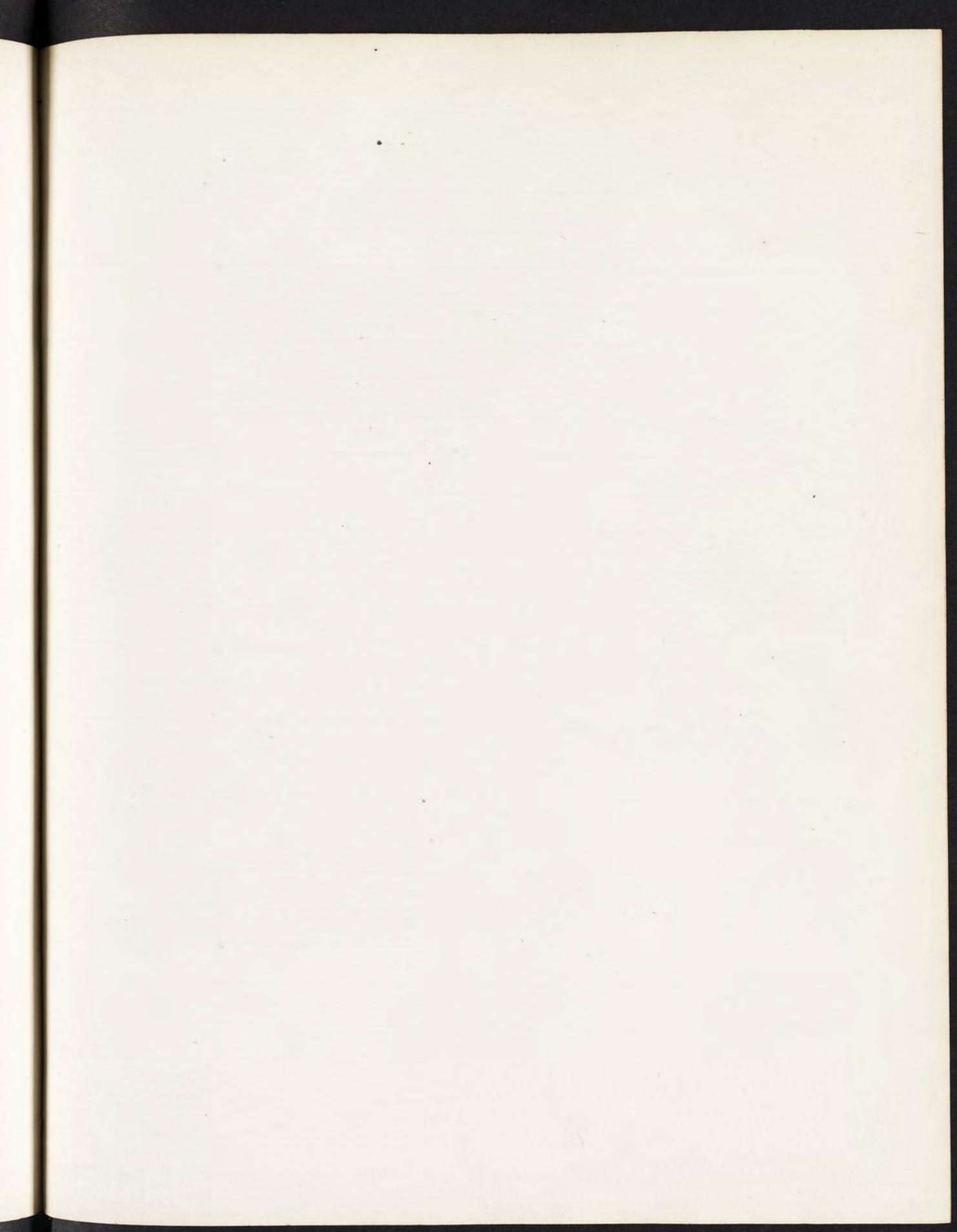




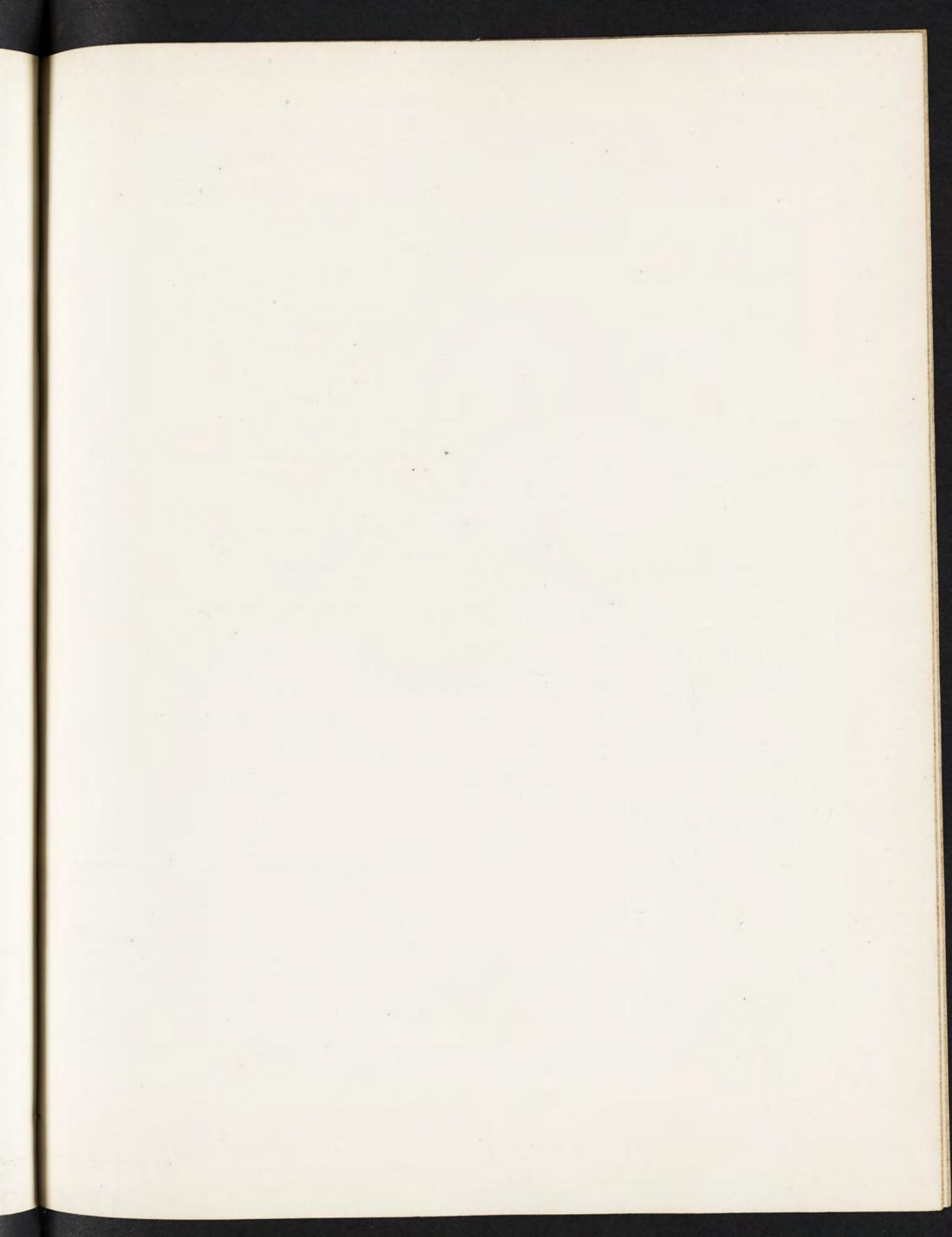




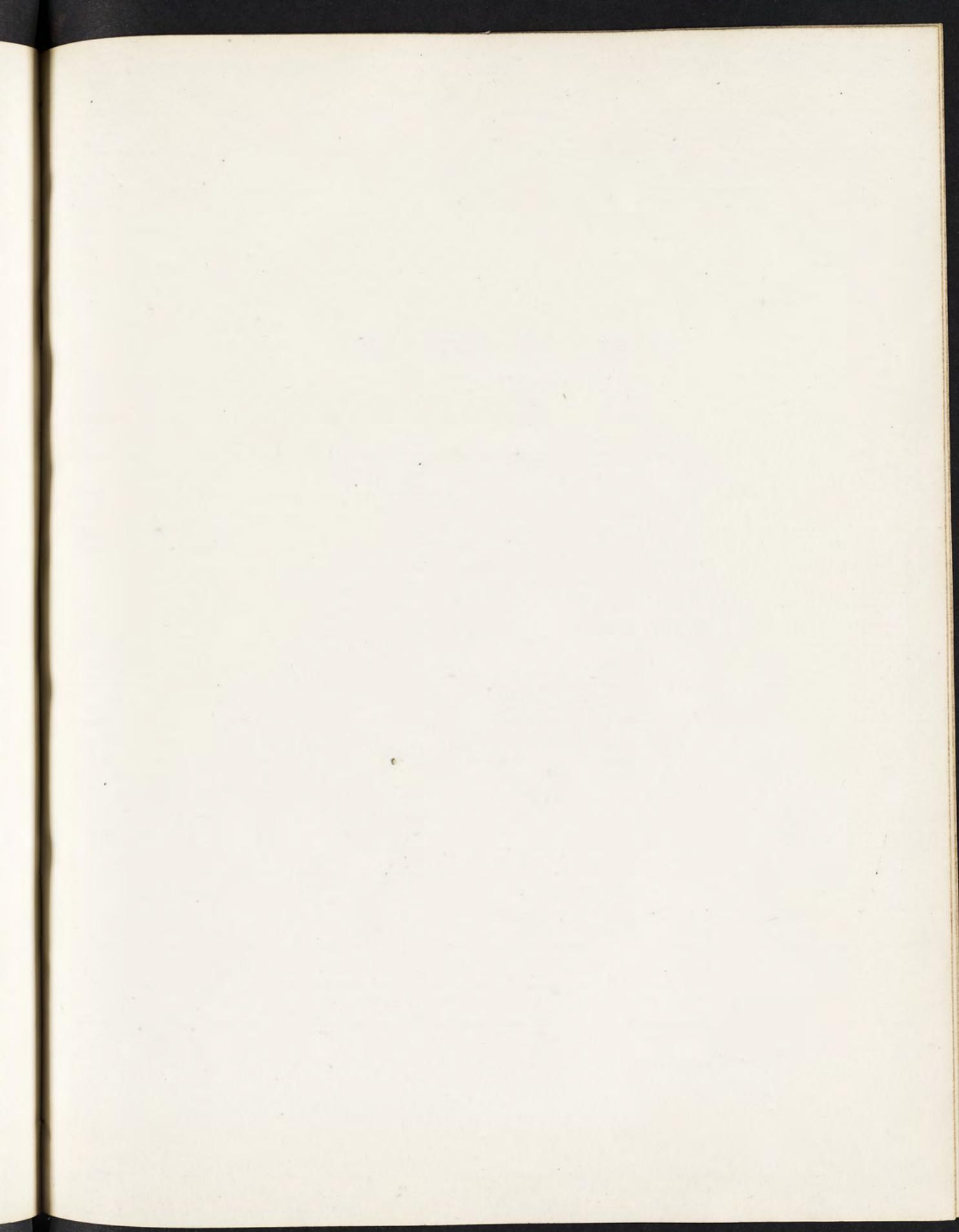


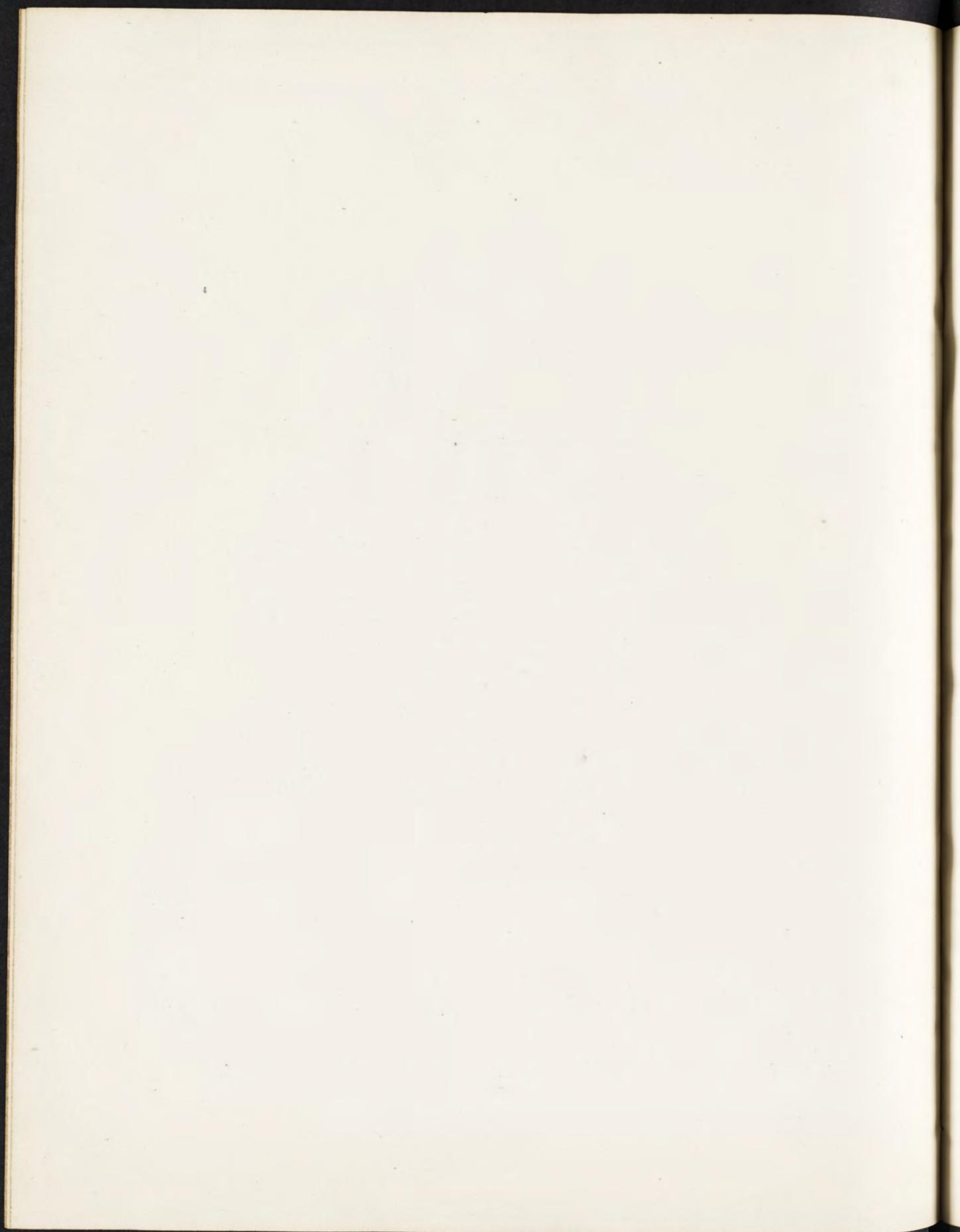




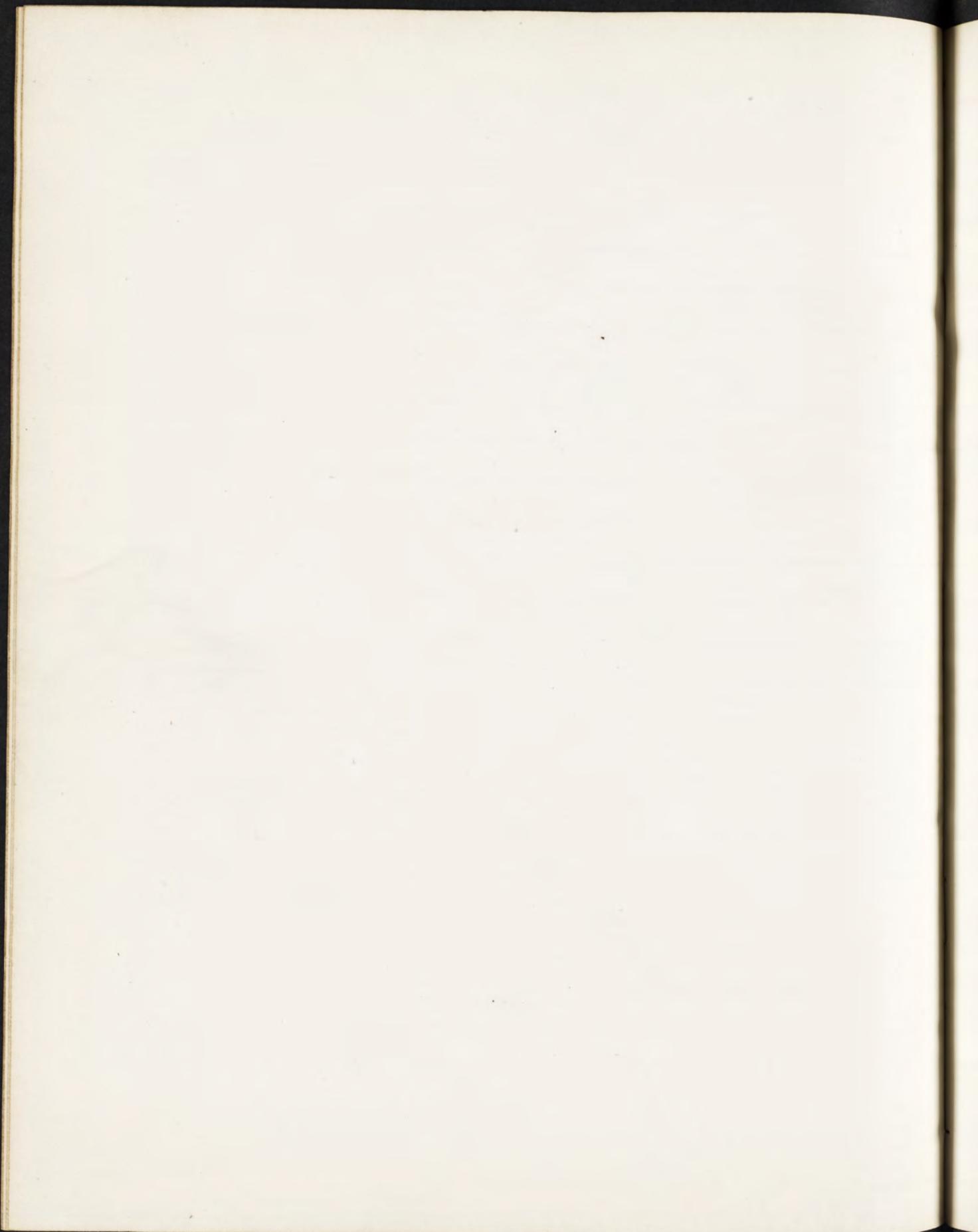




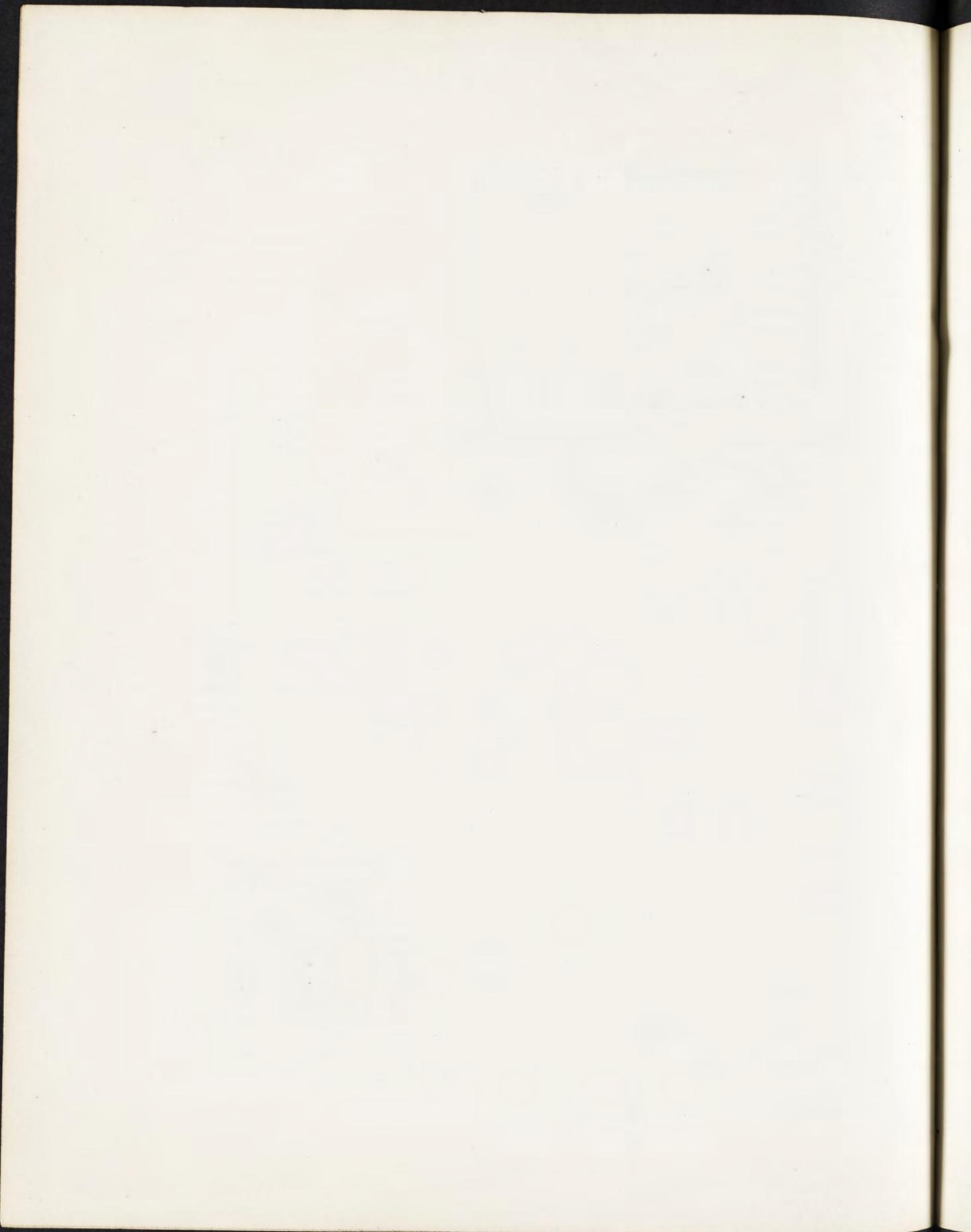


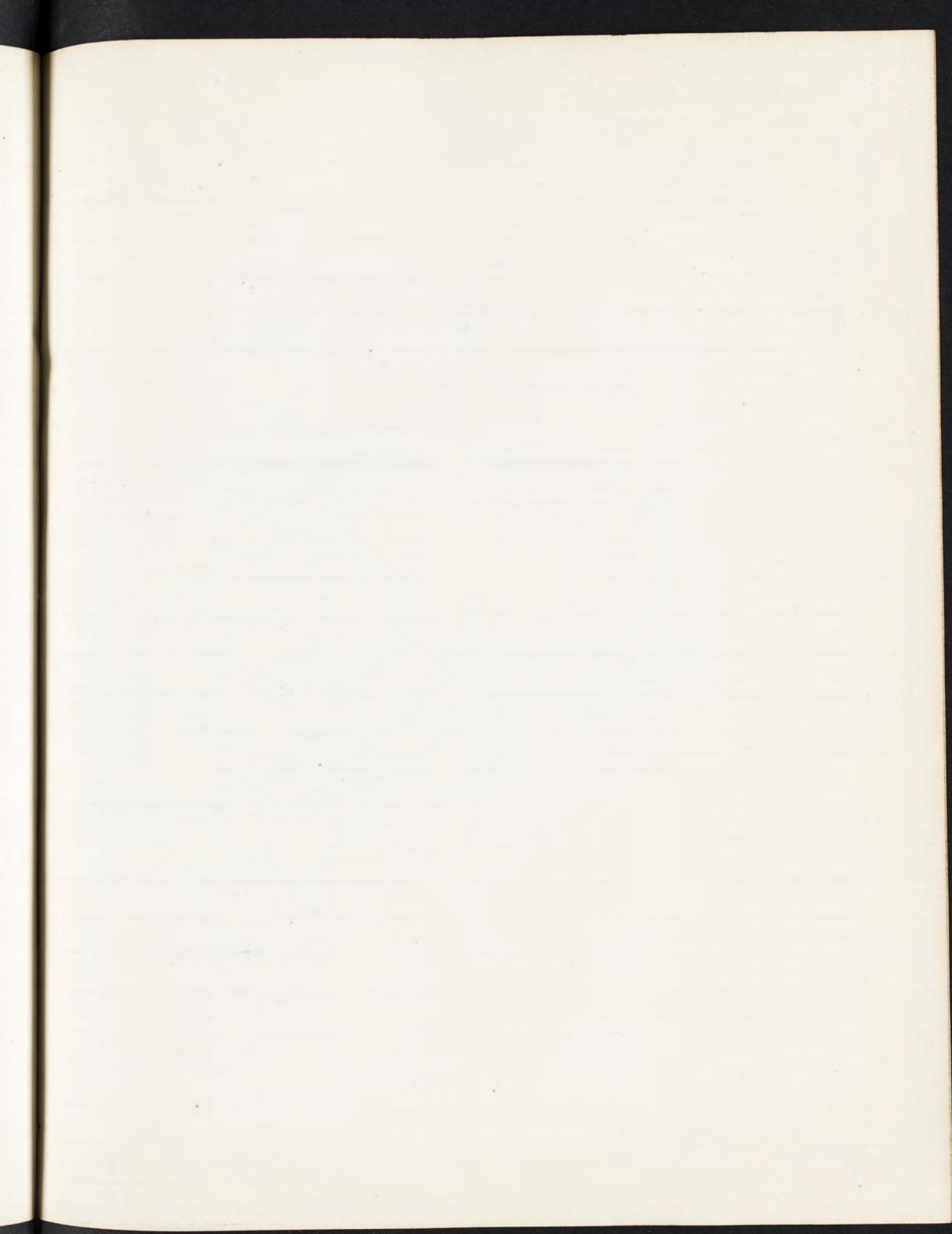






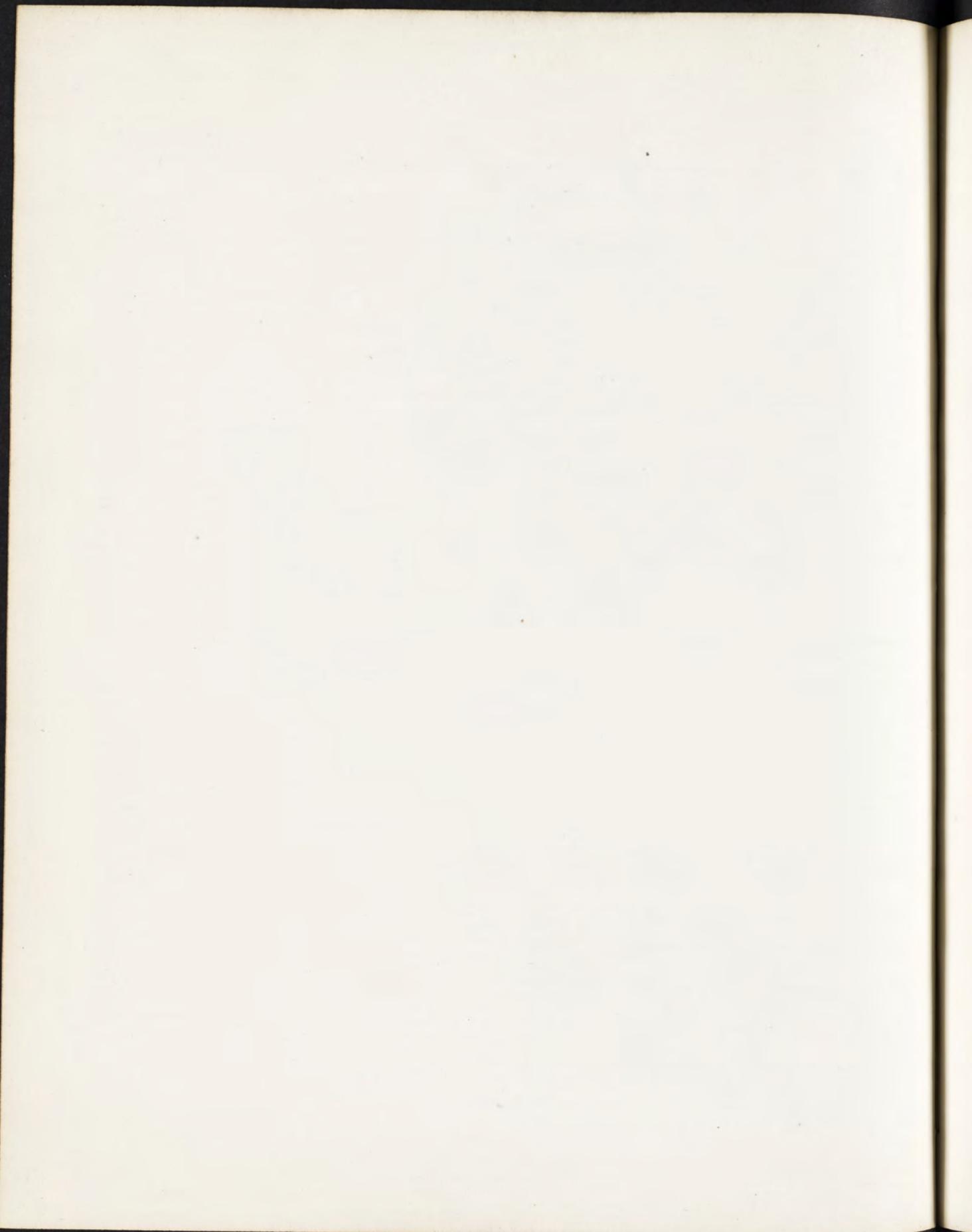


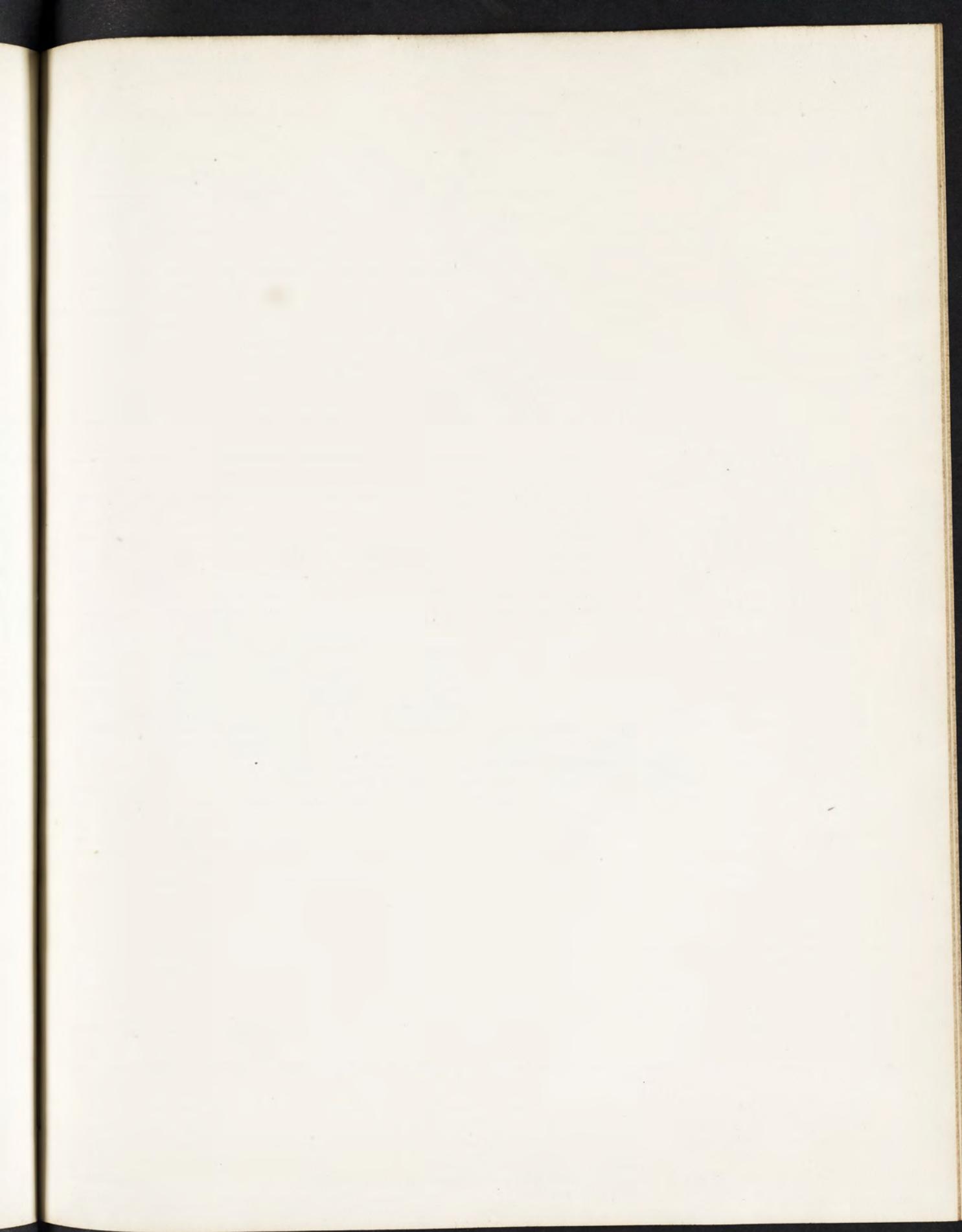


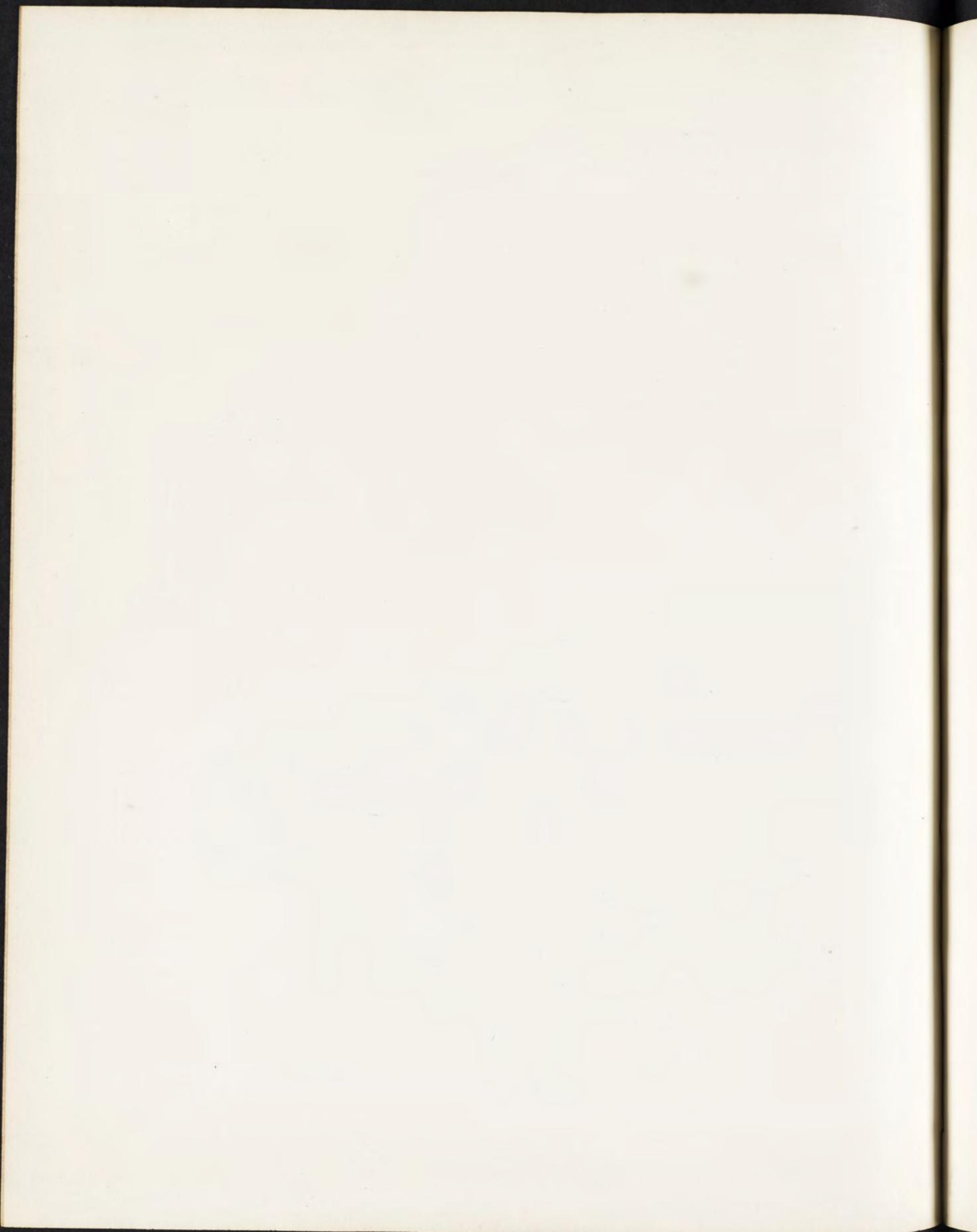










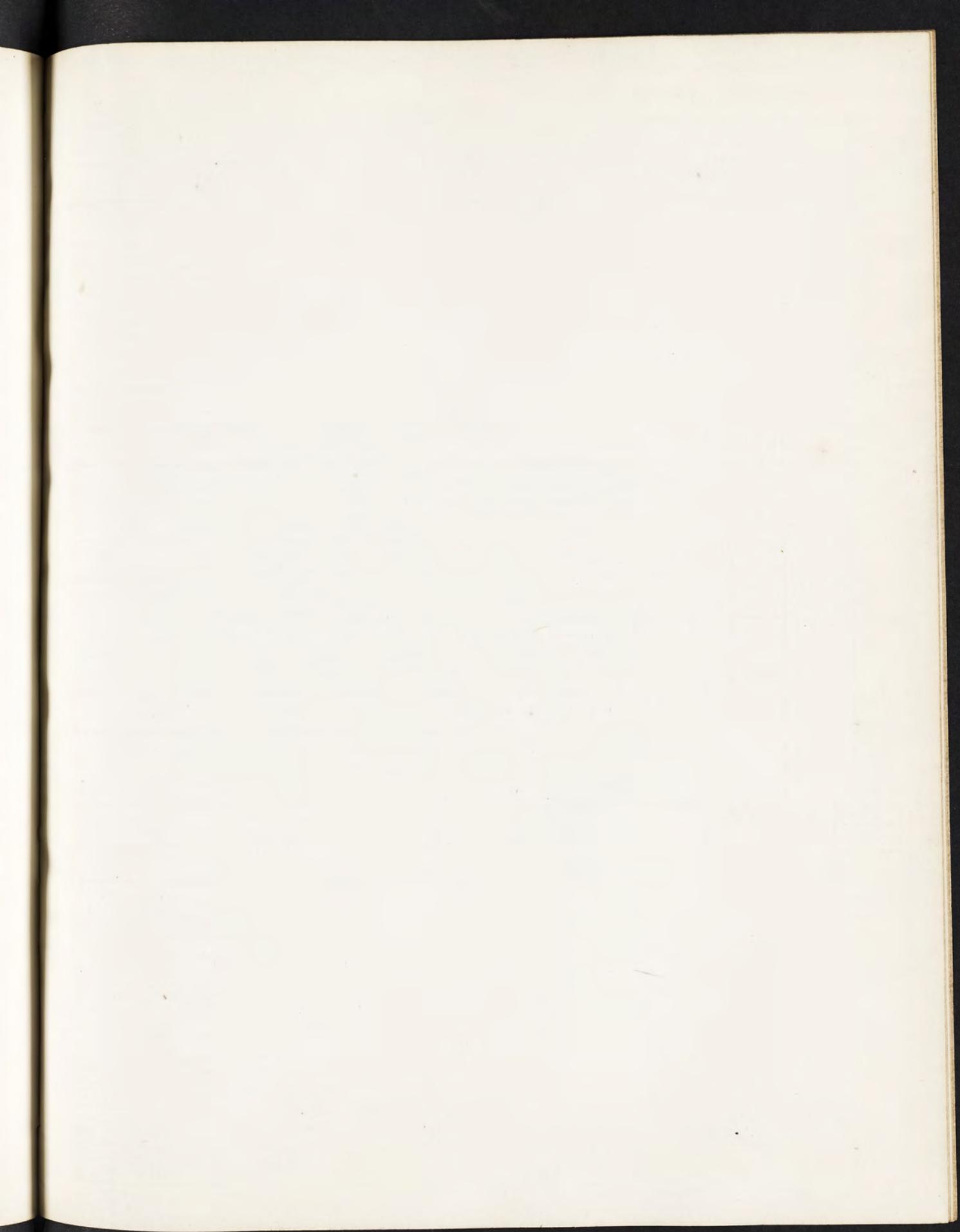


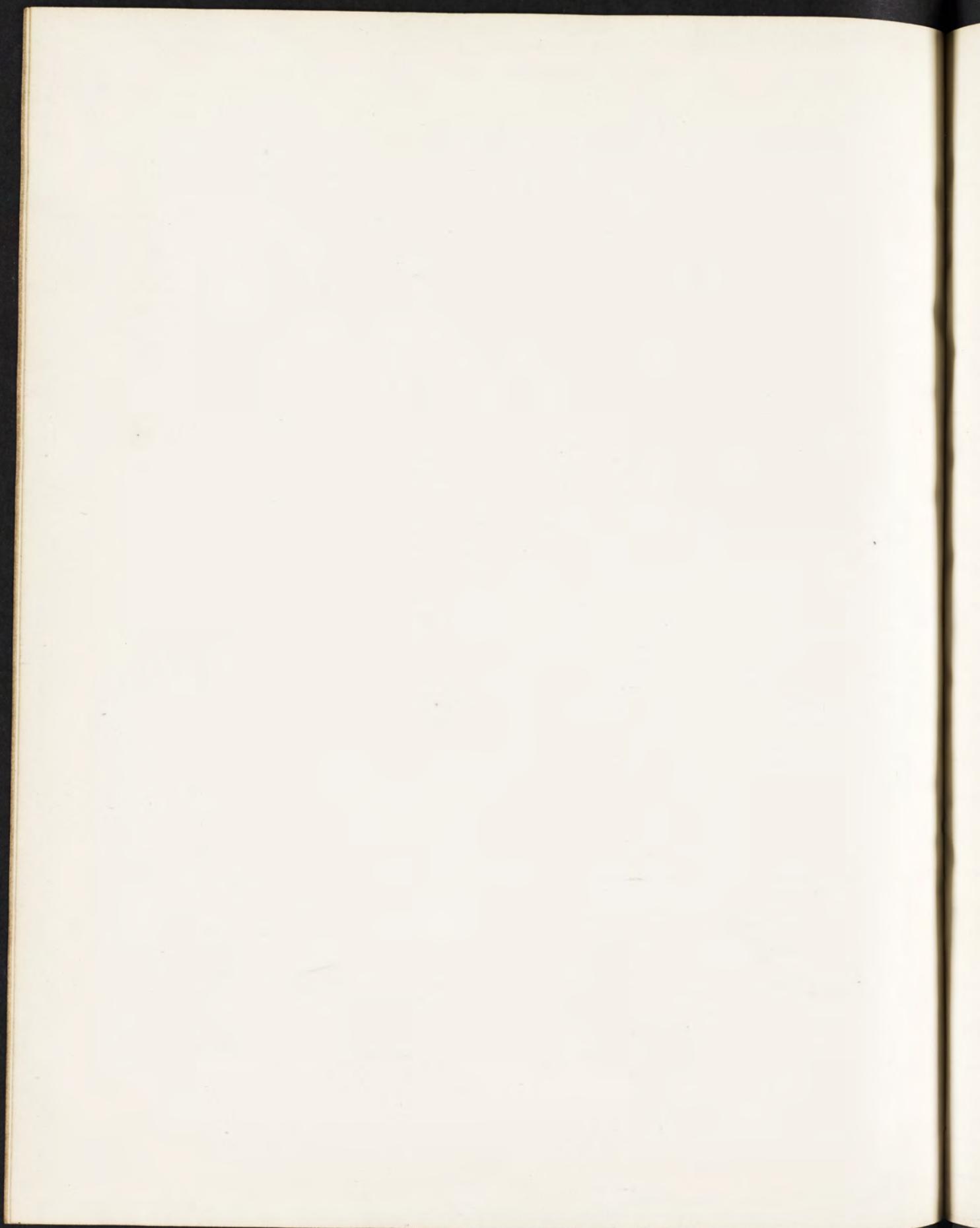


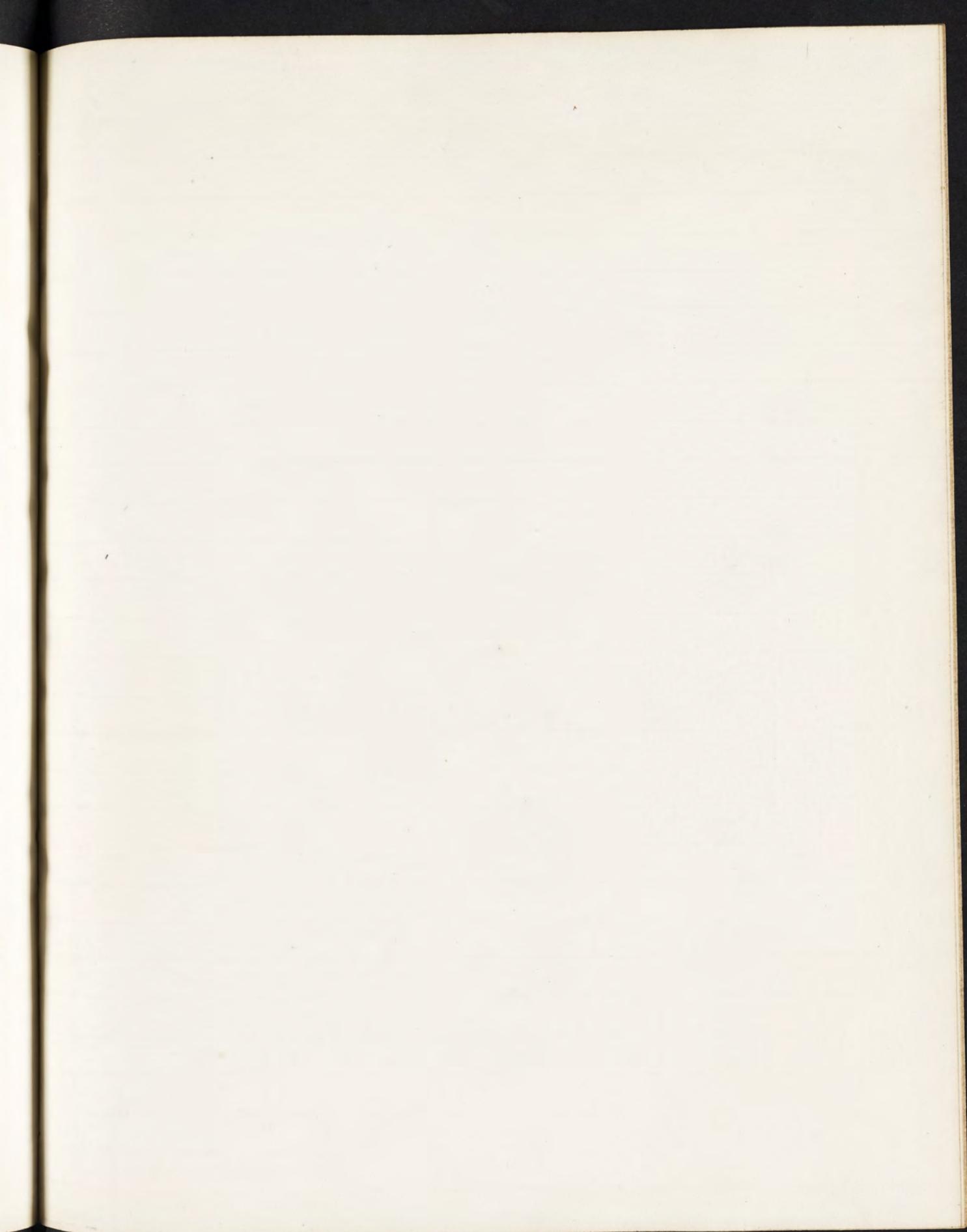


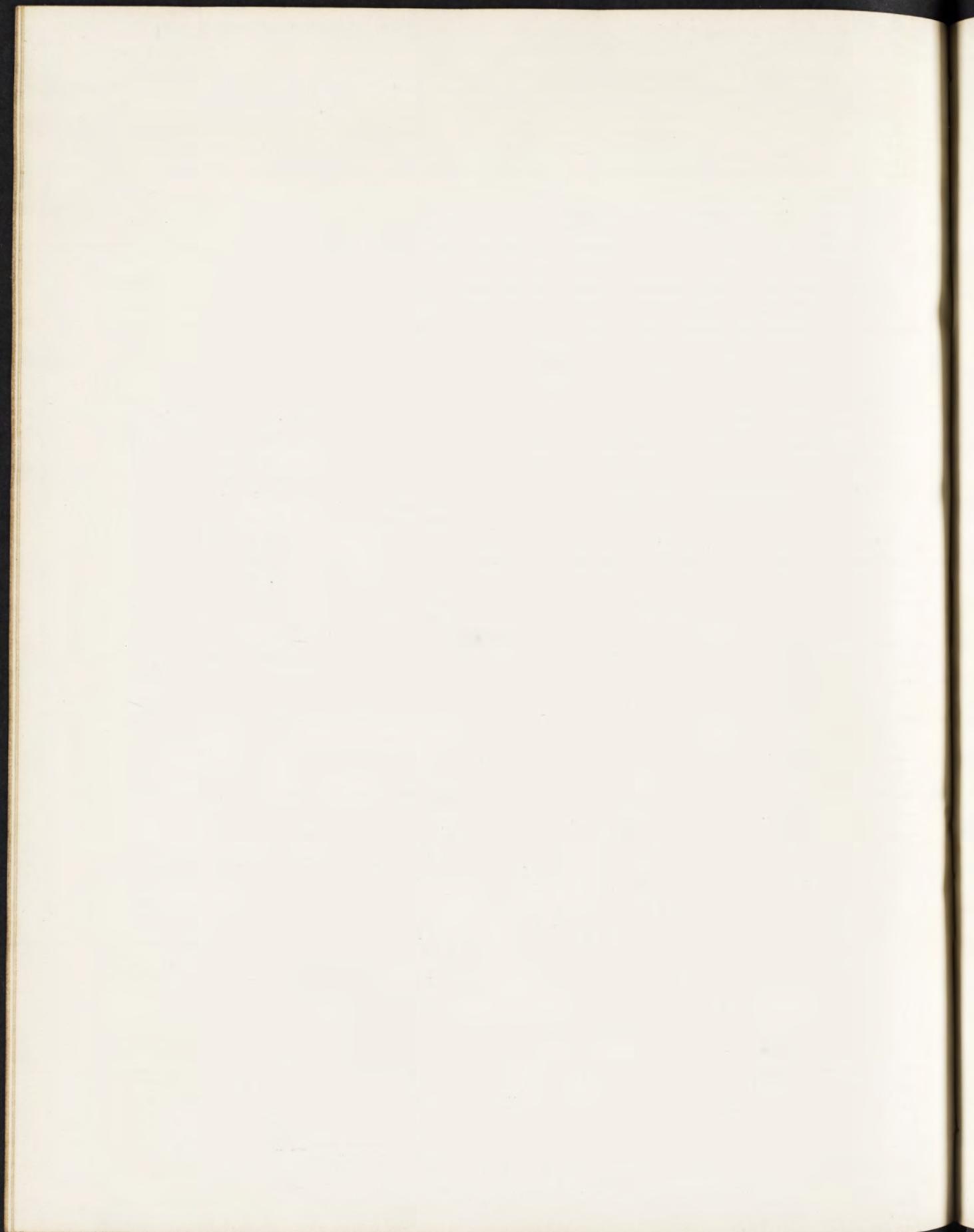






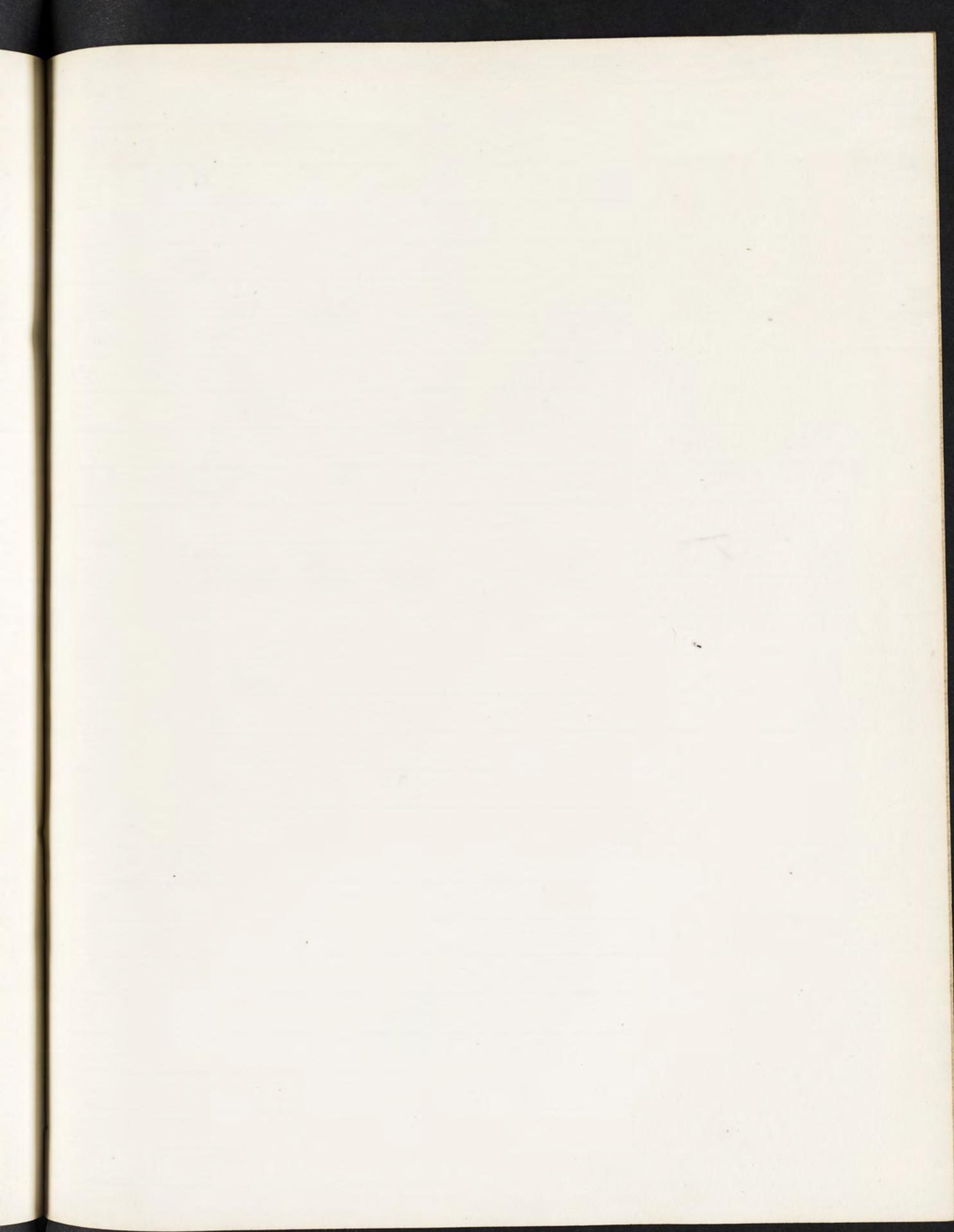












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